

# MEDICARE ENROLLMENT APPLICATION

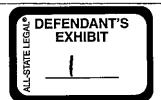
# PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS

CMS-8551

SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION.

SEE PAGE 2 FOR INFORMATION ON WHERE TO MAIL THIS APPLICATION.

SEE PAGE 26 TO FIND THE LIST OF THE SUPPORTING DOCUMENTATION THAT MUST BE SUBMITTED WITH THIS APPLICATION.



CIVIS CENTERS FOR MEDICARE & MEDICARD SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved OMB No. 0938-0685

### WHO SHOULD COMPLETE THIS APPLICATION

Physicians and non-physician practitioners can apply for enrollment in the Medicare program or make a change in their enrollment information using either:

- The Internet-based Provider Enrollment, Chain and Ownership System (PECOS), or
- The paper enrollment application process (e.g., CMS 8551).

For additional information regarding the Medicare enrollment process, including Internet-based PECOS, go to http://www.cms.gov/MedicareProviderSupEnroll/.

Physicians and non-physician practitioners who are enrolled in the Medicare program, but have not submitted the CMS 8551 since 2003, are required to submit a Medicare enrollment application (i.e., Internet-based PECOS or the CMS 855I) as an initial application when reporting a change for the first time.

All physicians, as well as all non-physician practitioners listed below, must complete this application to initiate the enrollment process:

Anesthesiology Assistant

Audiologist

Certified nurse midwife Certified registered nurse

aneathetist

Clinical nurse specialist.

Clinical social worker

Mass immunization roster biller

Nurse practitioner

Occupational therapist in

private practice Physical therapist in private practice

Physician assistant

Psychologist, Clinical Psychologist billing independently Registered Dietitian or Nutrition Professional

Speech Language Pathologist

If your supplier type is not listed above, contact your designated fee-for-service contractor before you submit this application.

Complete this application if you are an individual practitioner who plans to bill Medicare and you are:

- An individual practitioner who will provide services in a private setting.
- An individual practitioner who will provide services in a group setting. If you plan to render all of your services in a group setting, you will complete Sections I 4 and skip to Sections 14 through 17 of this application.
- Currently enrolled with a Medicard fee-for-service contractor but need to enroll in another fee-forservice contractor's jurisdiction (e.g., you have opened a practice location in a geographic territory serviced by another Medicare fee-for-service contractor).
- Currently enrolled in Medicare and need to make changes to your enrollment information (e.g., you have added or changed a practice location).
- An individual who has formed a professional corporation, professional association, limited liability company, etc., of which you are the sole owner.

If you provide services in a group/organization setting, you will also need to complete a separate application, the CMS-855R, to reassign your benefits to each organization. If you terminate your association with an organization, use the CMS-855R to submit that change.

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### BILLING NUMBER INFORMATION

The National Provider Identifier (NPI) is the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPES). As a Medicare healthcare supplier, you must obtain an NPI prior to enrolling in Medicare or before submitting a change to your existing Medicare enrollment information. Applying for the NPI is a process separate from Medicare enrollment. To obtain an NPI, you may apply online at https://NPPES.cms.gov. For more information about NPI enumeration, visit www.cms.gov/NationalProvidentStand.

The Medicare Identification Number, often referred to as a Provider Transaction Access Number (PTAN) or Medicare Legacy Number, is a generic term for any number other than the NPI that is used to identify a Medicare supplier.

### INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

Type or print all information so that it is legible. Do not use pencil.

- Report additional information within a section by copying and completing that section for each additional entry.
- Attach all required supporting documentation.
- \* Keep a copy of your completed Medicare enrollment package for your own records.
- Send the completed application with original signatures and all required documentation to your designated fee-for-service contractor.

#### AVOID DELAYS IN YOUR ENROLLMENT

To avoid delays in the enrollment process, you should:

- Complete all required sections.
- Ensure that the correspondence address shown in Section 2 is the supplier's address.
- Enter your NPI in the applicable sections.
- Enter all applicable dates.
- Soud the completed application with all supporting documentation to your designated fee-for-service contractor.

### **ADDITIONAL INFORMATION**

For additional information regarding the Medicare enrollment process, visit www.cms.gov/ Medicare Provider Sup Enroll.

The fee-for-service contractor may request, at any time during the enrollment process, documentation to support and validate information reported on the application. You are responsible for providing this documentation in a timely manner.

Certain information you provide on this form is protected under 5 U.S.C. Section 552(b)(4) and/or (b)(6), respectively. For more information, see the last page of this application to read the Privacy Act Statement.

#### MAIL YOUR APPLICATION

The Medicare fee-for-service contractor (also referred to as a carrier or a Medicare administrative contractor) that services your State is responsible for processing your enrollment application. To locate the mailing address for your fee-for-service contractor, go to www.cms.gov/MedicareProviderSupEnroll.

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SECTION 1: BASIC INFORMATION	11/2
A. Check one box and complete the required sections. Since physician assistants do not complete Section 4, all p Identification Number (if issued) and their NPI here:	chysician assistants must furnish their Medicare
Medicare Identification Number(s):	'NPI:
If you are reassigning all of your Medicare benefits per se Medicare Identification Number (if issued) and your indiv	ection 4B1 of this application, furnish your ridual (Type 1) NPI here:
Medicare Identification Number(s): PENDING	NPI:

REASON FOR APPLICATION	BILLING NUMBER INFORMATION	REQUIRED SECTIONS	
图 You are a new enrolles in Medicare	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections	
[] You are enrolling with another fee-for-service contractor	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections	
☐ You are reactivating your Medicare enrollment	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections	·
El You are voluntarily	Effective Date of Termination:	Sections 1A, 13 and 15	
terminating your Medicare enrollment	Medicare Identification Number(s) to Terminate (if issued):	Physician Assistants must- complete Sections 1A, 2F, 13 and 15	• •
	National Provider Identifier (if issued):	Employers terminating Physician Assistants must complete Sections 1A, 2G, 13 and 15	,
☐ You are changing your Medicare information	Medicare Identification Number (ff issued):	Go to Section 1B	
	NPI:		
LI You are revalidating your Medicare enrollment	Enter your Medicare Identification Number (if issued) and the NPI you would like to link to this number in Section 4.	Complete all applicable sections	

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SECTION 1: BASIC INFORMATION (Continued	)
B. Check all that apply and complete the required	sections.
	REQUIRED SECTIONS
☐ Identifying Information	1, 2 (complete only those sections that are changing), 3, 13 and 15
☐ Final Adverse Actions/Convictions	1, 2A, 3, 13 and 15
Practice Location Information, Payment Address and Medical Record Storage Information	1,2A,3,4 (complete only those sections that are changing), 13 and 15
□ Individuals Having Managing Control	1, 2A, 3, 6, 13, and 15
□ Billing Agency Information	1, 2A, 3, 8 (complete only those sections that are changing), 13 and 15

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SECTION 2: IDENTIFYING I	NFORMATION		Market Control of the			
A. Personal Information: Your	name, date of bird	th, and social secu	rity numbe	er müst co	incide with the	
nformation on your social securi	Middle initial	Last Name	<del>,</del>		Jr., Sr., M.D., D.O., etc.	
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Other Name, First	Middle Initial	Last Name			Jr., Sr., M.D., D.O., etc.	
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☐ Former or Malden Name ☐ Pi	State of Birth	T) Other (Dezrup	Country 0	f Rirth		
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□Mafe □ Female						
Medical or other Professional Schoo	(Training	Year of Graduat	ion (yyyy)	DEA Nu	mber (if applicable)	
Institution, if non-MD)						
License Information	CHILDREN CO.	-	Company Company		data di Magga philiphonoro conferenza di mangga panggan	
License Information  License Not Applicable				1.22	The state of the s	
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Certification Information						
Certification Not Applicable						
Certification Number		State-Where-Issu				
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New Patient Status Informati		and the state of t		energie y y ocere (A Paris) en di Paris en	The second secon	
Do you accept new Medicare pa		JNo		<u> Maria presidente de Superiologia de Co</u>	and the second of the second o	
R Correspondence Address			. سم		a de la	
Provide contact information for	the person show	n in Section 2A s	bove. One	e cheoile	i, the information	
provided below will be used by	' iņe iee-ioi-seivi 'r oddross	ce contractor if it	needs at c	MINACL YC	od careetry. Tims	
address cannot be a billing age						
Mailing Address Line 1 (Street Name	and Number)				•	
24701.EUGLID AVENUE						
Mailing Address Line 2 (Sulte, Room	, etc.)		,			
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City/Town			State		ZIP Code + 4	
EUCLID		- 11	OH		44117-1714	
Télephone Number	Fax Number (ii		E-mail Ac	idress (if a <sub>l</sub>	oplicable)	
216-383-6612	(216) 383-674	<b>19</b>	Dian	<u>ca-b</u> ar	nes cunhospitals	
CMS-8551 (07/11)	+				5	

SECTION 2: IDENTIFYING INFORMATION (Continued)		
C. Resident/Fellow Status		•
<ol> <li>Are you currently in an approved training program as:</li> <li>A resident?</li> <li>In a fellowship program?</li> </ol>	□ YES	
<ul> <li>If NO, skip to Section 2D.</li> <li>If YES to either of the above questions, provide the name and address of the facility where you are a resident or fellow on the following lines:</li> </ul>		
2. Are the services that you render at the facility shown in Section 2C1 part of your requirements for graduation from a formal residency or followship program?	□ YES	□NO
Date of Completion: If your completion date is prior to the beginning date for your practice in Section 4, skip to Section 2D.		
3. Do you also render services at other facilities or practice locations?  IF YES, you must report these practice locations in Section 4.	□ YES	□NO
4. Are the services that you render in any of the practice locations you will be reporting in Section 4 part of your requirements for graduation from a residency or fellowship program?	☐ YES	□NO
IF YES, has the teaching hospital reported in Section 2C1 above agreed to incur all or substantially all of the costs of training in the non-hospital facility.	<u> </u>	DNO

SECTION 2: IDENTIFYING IN	FORMATION (Continued)	
D. 1. Physician Specialty Designate your primary specialty a P=Primary S=Secondary	and all secondary specialty(s) below	rusing:
You may select only one primary s	specialty. You may select multiple s quirentents for the type of specialty	secondary specialtics. A physician (s) checked.
☐ Addiction medicine	☐ Hematology/Oncology	☐ Palliative Cure
☐ Allergy/Immunology	□ Hospice	☐ Pathology
☐ Anesthesiology	□ Infectious disease	☐ Pediatric medicine
☐ Cardiac Electrophysiology	☐ Internal medicine	🗆 Peripheral vescular disease
☐ Cardiac surgery	☐ Interventional Pain Management	☐ Physical medicine  and rehabilitation
☐ Cardiovascular disease (Cardiology)	☐ Interventional radiology	☐ Plastic and
☐ Chiropractic	Maxillofacial surgery	reconstructive surgery
☐ Colorectal surgery	☐ Medical oncology	II Podlatry
(Proctology)	☐ Nephrology	☐ Preventive medicine
☐ Critical care (Intensivists)	□ Neurology	☐ Psychiatry
☐ Dermetology	☐ Neuropsychiatry	☐ Psychiatry (geriatric)
☐ Diagnostic radiology·	☐ Neurosurgery	☐ Pulmonary disease
☐ Emergency medicine	☐ Nuclear medicine	☐ Radiation oncology
☐ Endocrinology	☐ Obstetrics/Gynecology	☐ Rheumatology
☐ Family practice	☐ Ophthalmology	☐ Sports Medicine
☐ Gastroenterology	☐ Optometry.	- I-Surgical-oncology
☐ General practice	☐ Oral surgery (Dentist only)	☐ Thoracic surgery
☐ General surgery	☐ Orthopedic surgery	☐ Urology
☐ Geriatric medicine	☐ Osteopathic Manipulative	☐ Vascular surgery
☐ Gynecological oncology	Medicine	☐ Undefined physician type
☐ Hand surgery	☐ Otolaryngology	(Specify):
☐ Hematology	☐ Pain Managemenit	<u> </u>

SECTION 2: IDENTIFYING INFORMATION (Continued)	**************************************
	urreshidada araken a anne
D. Z. Non-Physician Specialty If you are a non-physician practitioner, check the appropriate box to indicate your special	ilty.
All non-physician practitioners must meet specific licensing, educational, and work experiencents. If you need information concerning the specific requirements for your specificare fee-for-service contractor.	erience
Check only one of the following: If you want to enroll as more than one non-physicia you must submit a separate CMS-855I application for each.	n specialty type,
☐ Anesthesiology assistant ☐ Audiologist	
☐ Certified naise midwife	•
☐ Certified registered nurse anesthetist	
☐ Clinical nurse specialist	
☐ Clinical social worker	
☐ Mass immunization roster biller	
☐ Nurse practitioner	
☐ Occupational therapist in private practice	
II Physical therapist in private practice	
☐ Physician assistant	
☐ Psychologist, clinical	
☐ Psychologist billing independently	•
☐ Registered distition or nutrition professional	
☐ Speech Language Pathologist	•
Thirdefined non-physician practitioner type (Specify):	
Married States and the States of the States	
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Physician Assistants: Est	ablishin	g Employme	nt Arrangement(s)		
employer's name		ECTIVE DATE MPLOYMENT	EMPLOYER'S MEDICARE IDENTIFICATION NUMBER (IF ISSUED)	EMPLOYER'S NPI	ÉMPLOYER'S EIN
			`		
and the second s					
Physician Assistants: Ter omplete this section if you	minatin are a pb	g Employme ysician assist	nt Arrangement(s) ant discontinuing your emp	loyment with a	practice.
EMPLOYER'S NAME		ECTIVE DATE MPLOYMENT	EMPLOYER'S MEDICARE IDENTIFICATION NUMBER (IF ISSUED)	EMPLOYER'S NPI	EMPLOYER'S EIN
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	and the same of th		•		
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-Employer Terminating-E his section should be used to	by an in	dividual who	ment with One or More l has incorporated or is a sol a physician assistant.	e proprietor, an	tantsd who is
recomming mon ombrohm					
PHYSICIANS ASSISTANT'S N	IAME	EFFECTIVE D OF DEPARTI	MEDICARE IDENTIF	ICATION	PHYSICIANS SISTANT'S NPI
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SECTION 2: IDENTIFYING INFORMATION (Continued)	Table 4 All Commercial	
H. Clinical Psychologists  Do you hold a doctoral degree in psychology?  If YES, farnish the field of your psychology degree	ПŸES	ПИО
Attach a copy of the degree with this application.		
<ol> <li>Psychologists Billing Independently</li> <li>Do you render services of your own responsibility free from the administrative control of an employer such as a physician, institution, or agency?</li> </ol>	☐ YES	□NO
2. Do you treat your own patients?	☐ YES	DNO
3. Do you have the right to bill directly, and to collect and retain the fee for your services?	li yes	□NO
4. Is this private practice located in an institution? If YES to question 4 above, please answer questions "a" and "b" below.	□ YES	ПNO
a) If your private practice is located in an institution, is your office confined to a separately identified part of the facility that is used solely as your office and cannot be construed as extending throughout the entire institution?	'U yes	ПИО
b) If your private practice is located in an institution, are your services also rendered to patients from outside the institution or facility where your office is located?	☐ YES	ПNO
J. Physical Therapists/Occupational Therapists in Private Practice (PT/OT) The following questions only apply to your individual practice. They do not apply it all of your benefits to a group/organization.	f you are reass	igning
1. Are all of your PT/OT services only rendered in the patients' homes?	☐ YES	ПNО
2. Do you maintain private office space?	☐ YES	OND
3. Do you own, lease, or tent your private office space?-	<u> </u>	<u> П.</u>
4. Is this private office space used exclusively for your private practice?	□ yes	DNO
5. Do you provide PT/OT services outside of your office and/or patients' homes?	□ YES	□NO
If you respond YES to any of the questions 2-5 above, attach a copy of the lease agreement that gives you exclusive use of the facility for PT/OT services.		
K. Nurse Practitioners and Certifled Clinical Nurse Specialists Are you an employee of a Medicare skilled nursing facility (SNF) or of another entity that has an agreement to provide nursing services to a SNF?	EJ ĀE3	ONE
If yes, include the SNF's name and address.		
Name		
Street Address		
Street Address  City State Zip	Terrender (der mit der er seneret son der der etwense mit der der er	

SECTION 2: IDENTIFYING INFORMATION	(Continued)
L. Advanced Diagnostic Imaging (ADI) Suppliers	
This parties must be completed by all individual p	ractitioners that also furnish and will bill Medicare shing ADI services MUST be accredited in each ADI
Check each ADI Modality that you will furnish an accredited you for that ADI Modality.	d the name of the Accrediting Organization that
□ Magnetic Resonance Imaging (MRI)	
Name of Accrediting Organization for MRI	
Effective Date of Current Accreditation (mm/dd/yyyy)	Expiration Date of Current Accreditation (mm/dd/yyyy)
☐ Computed Tomography (CT)	
Mame of Accrediting Organization for CT	
the state of the s	Expiration Date of Current Accreditation (mm/dd/yyyy)
Effective Date of Current Accreditation (mmiddlyyyy)	Expiration Date of Current Accreditation (minutally)
□ Nuclear Medicine (NM)	
Name of Accrediting Organization for NM	
Effective Date of Current Accreditation (mm/dd/yyyy)	Expiration Date of Current Accreditation (mm/dd/yyyy)
☐ Positron Emission Tomography (PET)  Name of Accrediting Organization for PET	
Name of Accessing organization for 70.	•
Effective Date of Current Accreditation (mmiddlyyyy)	Expiration Date of Current Accreditation (mm/dd/yyyy)
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### SECTION 3: FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

- 1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. Offenses include:
  - Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
- 2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
- 3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
- 4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
- 5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

### Exclusions, Revocations, or Suspensions

- Any revocation or suspension of a license to provide health care by any State licensing authority.
   This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
- 2. Any revocation or suspension of accreditation.
- 3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- 4. Any current Medicare payment suspension under any Medicare billing number.
- 5. Any Medicare revocation of any Medicare billing number.

# SECTION 3: FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS (Continued)

### FINAL ADVERSE LEGAL ACTION HISTORY

1. Have you, under any current or former name or business identity, ever had a final adverse legal action listed on page 12 of this application imposed against you?

	The same the same than the same to the sam
[] YES-Continue Below	□ NO-Skip to Section 4

2. If yes, report each final adverse legal action, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the final adverse legal action documentation and resolution.

FINAL ADVERSE LEGAL ACTION	DATE	TAKEN BY	RESOLUTION
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SECTION 4: PRACTICE LOC	ATION INFORMA	ΠΟΝ		
A. Establishing a Professional If you are the sole owner of a pri company, and will bill Medicare and complete the remainder of the	ofessional corporation through this business	a, a professional association entity, complete this sect	on, or a limited liability aon 4A, skip to Section 4C,	
Legal Business Name as Reported to	the Internal Revenue Ser	vice Tax Identification N	umber	
Medicare Identification Number (If is	sued)	MPI		
incorporation Date (mmiddlyyyy) (if a	applicable)	State Where Incorpo	orated (if applicable)	
Is this supplier an Indian Health F Administrative Contractor (MAC)	adlity enrolling with t	he designated Indian Heal	th Services (IHS) Medicare	
☐ Yes ☐ No Identify the type of organization	al structure of this pro	viderkunnlier (Check one)	Landing to the second department of the second seco	
☐ Corporation ☐ Limited Liabilit				
Identify how your business is reging government provider or supplier.	stered with the IRS. (N	OTE: If your business is a l		
☐ Proprietary ☐ Mon-Profit				
NOTE: If a checkbox indicating Pf will be defaulted to "Proprietary.		ròfit status is not complet	ed, the provider/supplier	
1. Has your organization, under final adverse legal actions list  If YES—Continue Below  2. If yes, report each final adverse administrative body that implements a copy of the final adverse.	ted on page 12 of this INO-Skip to Sect  se legal action, when  osed the action, and the	application imposed aga ion 4B it occurred, the Federal case resolution, if any.	inst it? It State agency of the court/	
FINAL ADVERSE LEGAL ACTION	DATE	TAKEN BY	RESOLUTION	
If you are the sole owner of a p liability company, and will bill CMS-855R that reassigns your	Medicare through th	iis basiness entity, you c	elation, or a limited lo not need to complete a	
B. individual Affiliations Complete this section with infort	nation about your priv	vate practice and group at	filiations.	
Furnish the requested information In addition, either you or each gr CMS 855R(s) (Individual Reassi you are authorizing the group/organ have rendered at the group/organ	oup/organization repo gnment of Benefits) v ganization to bill and dization's practice loca	orted in this section must with this application. Reas receive payment from Mattion.	complete and submit a signing benefits means that edicare for the services you	
If you are an individual who is re to submit a CMS-588 (Electronic				

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### SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

- If you are reassigning all of your payments to another group or organization furnish the name, Medicare identification number(s) and NPI of each group or organization below and proceed to Section 13.
- If any of your payments are part of your private practice and a group or organization furnish the name and Medicare identification number(s) and NPI of each group or organization below and continue to Section 4C (where you will enter your private practice information).
- 3. If you are not reassigning all or any of your payments to another group or organization, skip to Section 4C with information about your private practice.

Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
interested the setate Abolical Facus	UN9364361	1669499414
Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
Name of Group/Organization	Medicare Identification Number (If Issued)	National Provider Identifier
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Name of Group/Organization	Medicare Identification Number (If Issued)	National Provider (dentifier
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### C. Practice Location Information

- If you completed Section 4A, complete Section 4C through Section 17 for your business.
- \* All locations disclosed on claims forms should be identified in this section as practice locations.
- Complete this section for each of your practice locations where you render services to Medicare
   beneficiaries.
  - However, you should only report those practice locations within the jurisdiction of the Medicare fee-for-service contractor to which you will submit this application. If you render services in a hospital and/or other health care facility, furnish the same and address of that hospital or facility.
- Each practice location must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box.
- If you only render services in patients' homes (house calls), you may supply your home address in this section if you do not have an office. In Section 4H, explain that this address is for administrative purposes only and that all services are rendered in patients' homes.
- If you render services in a retirement or assisted living community, complete this section with the names, telephone numbers and addresses of those communities.

If you have a CLIA number and/or FDA/Radiology Certification Number for this practice location, provide that information and submit a copy of the most current CLIA and FDA certification for each practice location reported.

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CHECK ONE  CHECK ONE  DATE (minidel/gygy)  You are changing, and complete the application of the provide statement of the sta	CHANGE  adding, or deleting informat ropriate fields in this section	☐ ADI		mplete this
DATE (miniad/yyyy)  If you are changing, and complete the application of the provide states.	adding, or deleting informat ropriate fields in this section	tion, check the app		□ DELETE
f you are changing, a and complete the app if you are enrollin provide st	ropriate fields in this sections.  The first times or if the control of the contr	tion, check the app	Jan-1-50 form Frenish ti	
uid complete the app If you are enrollin provide st	ropriate fields in this sections.  The first times or if the control of the contr	tion, check the app	. Thanks have firewalch t	
provide sl	g for the first time, or if y		•	
Practice Location Name		w your first Medi	care patient at this i	on, the date you ocation.
	("Doing Business As" riame if d	lifferent from Legal	Business Name)	
	Address Line 1 (Street Name an	nd Number - NOT a l	2.O. Box)	
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D. Rendering Services in Patients' Homes  List the city/town, State, and ZIP code for all locations where health care services are rendered in patients' homes. If you provide health care services in more than one State and those States are serviced by different Medicare fee-for-service contractor's jurisdiction.  If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.  CHECK ONE	SECTION 4: PRAC	TICE LOCAT	ION INFOR	MATION (Continue	d)		•
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SECTION 4: P	RACTICE	LOCATION	INFORMATION	(Continued)

### G. Where Do You Keep Patients' Medical Records?

If the patients' medical records are stored at a location other than the location shown in Section 4C, complete this section with the name and address of the storage location. This includes both current and former patients' records.

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This section captures information about all managing employees. A managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operations of the supplier, either under contract or through some other arrangement, regardless of whether the individual is a W-2 employee of the supplier.

All managing employees at any of your practice locations shown in Section 4 must be reported in this section. If there is more than one managing employee, copy and complete this section as needed.

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### SECTION 14: PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

- 1. 1.18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
- 2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program. The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
- 3. The Civil False Claims Act, 31 U.S.C. § 3729; imposes civil liability, in part, on any person who:
  - a) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
  - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
  - c) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. The Act imposes a civil penalty of \$5,000 to \$10,000 per violation, plus three times the amount of damages sustained by the Government
- 4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States; or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
  - a) was not provided as claimed; and/or
  - b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictuious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.

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### SECTION 14: PENALTIES FOR FALSIFYING INFORMATION (Continued)

- 6. 18 U.S.C. 1347 anthorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to executive a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any uf the money or property owned by or under the control of any, health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
- 7. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust earlchment."
  - Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

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#### SECTION 15: CERTIFICATION STATEMENT (Continued)

As an individual practitioner, you are the only person who can sign this application. The authority to sign the application on your behalf may not be delegated to any other person.

The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to all of the requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met.

#### Certification Statement

You MUST sign and date the certification statement below in order to be enrolled in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

### I, the undersigned, certify to the following:

- 1. I have read the contents of this application, and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare fee-for-service contractor of this fact in accordance with the time frames established in 42 CFR § 424.516.
- 2. I authorize the Medicare contractor to verify the information contained herein. I agree to notify the Medicare contractor of a change in ownership, practice location and/or Final Adverse Action within 30 days of the reportable event. In addition, I agree to notify the Medicare contractor of any other changes to the information to this form within 90 days of the effective date of change. I understand that any change to my status as an individual practitioner may require the submission of a new application. I understand that any change in business structure of this supplier may require the submission of a new application.
- 3. I have read and understand the Penalties for Falsifying Information, as printed in this application.

  I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing privileges, and/or the imposition of fines, civil damages, and/or imprisonment.
- 4. I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to the organization listed in Section 4A of this application. The Medicare laws, regulations, and program instructions are available through the fee-for-service contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the supplier's compliance with all applicable conditions of participation in Medicare.
- 5. Neither I, nor any managing employee listed on this application, is currently sanctioned, suspended, debarred, or excluded by the Medicare or State Health Care Program, e.g., Medicaid program, or any other Federal program, or is otherwise prohibited from providing services to Medicare or other Federal program beneficiaries.
- 6. I agree that any existing or future overpayment made to me (or to the organization listed in Section 4A of this application) by the Medicare program may be recouped by Medicare through the withholding of future payments.
- 7. I understand that the Medicare identification number issued to me can only be used by me or by a provider or supplier to whom I have reassigned my benefits under current Medicare regulations, when billing for services rendered by me.
- 8. I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
- 9. I further certify that I am the individual practitioner who is applying for Medicare billing privileges.

SECTION 15: CERTIFICAT	ION STATEMENT (Continued	
First Name	Middle Initial Last Name	M.D., D.O., etc.
Practitioner Signature (First, Middl	e, Last Name, Jr., Sr., M.D., D.O., etc.)	Date Signed (mm/dd/yyyy)
All signatures must be original and not be proc	signed in ink (blue ink preferred). App essed. Stamped, faxed or copied signs	plications with signatures deamed not original will stures will not be accepted.
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SECTION 17: SUPPORTIN	G DOCUMENTS	12 May 14 Option 12 May
application. For changes, only fee-for-service contractor may support or validate information contractor may also request of necessary to bill Medicare.	y request, at any time during th ion reported on the application. documents from you, other than	mbmitted with this enrollment plicable to the change requested. The se enrollment process, documentation to In addition, the Medicare fee-for-service sthose identified in this section 17, as are
NOTE: If a supplier already banking information, the Ch practitioners who are reassig CMS-588.)	for Blectronic Funds Transfer At receives payments electronically MS-588 is not required. (Moreove guing all of their payments to ano	and is not making a change to his/her rr, physicians and non-physician ther entity are not required to submit the
Name (e.g., IRS form CP 57 is enrolling their professions	75) provided in Section 2. (NOTE: at corporation, professional association.	tification Number with the Legal Business: This information is needed if the applicant iation, or limited liability corporation with
* 7	as a sole proprietor using an Emp	oloyer Identification Number.)
MANDATORY, IF APPLICABLE  Cl Conv of IRS Determination	: Letter, if provider is registered w	ith the IRS as non-profit.
	action documentation (e.g., notific	
☐ Completed Form CMS-460,	, Medicare Participating Physician	ror Supplier Agreement.
	R, Individual Reassignment of Me	•
bank (or similar financial in loan), then the supplier must	stitution) where the supplier has a	a supplier of services is being sent to a lending relationship (that is, any type of som the bank (which must be in the loan et for Medicare receivables.
☐ Written confirmation from t	he IRS confirming your Limited I	Liability Company (LLC) is automatically A disregarded entity is an eligible entity
	ot separate from its single owner i	
	DA certification for each practice	
a valid OMB control number. The valid this information collection is estimated gather the data needed, and complete	CMB control number for this information of to 4 hours per response, including the time and review the information collection. If yo improving this form, please write to: CMS, 7	pond to a collection of information unless it displays collection is 0938-0685. The time required to complete to review instructions, search existing data resources, ou have any comments concerning the accuracy of 7500 Security Boulevard, Attn: PRA Reports Clearance

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.

CM5-8551 (07/11)

First Name	Middle Initial Last Name		M.D., D.O., etc.
Practitioner Signature (First, Middle,	Last Name, Jr., Sr., M.D., D.O., etc.)	Date Signed (mmlddiy	yyy)
All signatures must be original and si	ment in ink films ink preferred). Appl	cations with signatures o	leamed real parising seems
. Most pe blocear	sed. Statinged, faxed or copied signati	res will not be accepted.	Constitution of Military April
SECTION 16: FOR FUTURE	USE (THIS SECTION NOT A	PPLICABLE)	the same of the sa
Many Anton D. B. M. T. C. I. Indicate Part I. K. C.	TYPE IN ACTION	company and the state of the st	ACCORD CO.
SECTION 17: SUPPORTING		The state of the s	***
This section lists the documents	o that, if applicable, must be su	binitied with this eng Krokle to the obvious	oliment.
application. For changes, only t fee-for-service contractor may	mount accuments that are appreament, at any time during the	enrollment process.	gocumentativa tv redocatest THS
support or validate information	reported on the application. I	n addition, the Medic	are fee-for-service
contractor may also request do	coments from you, other than t	hose identified in thi	s section 17, as are
necessary to bill Medicare.			
MANDATORY FOR ALL PROVID	ER/SUPPLIER TYPES		
☐ Completed Form CMS-588, for	or Electronic Funds Transfer Aut	ltorization Agreement	:
NOTE: If a supplier already to	ceives payments electronically a	nd is not making a cha	inge to his/fier
banking information, the CMS	5-588 is not required. (Moreover.	physicians and non-p	hysician
practitioners who are reassignically CMS-588.)	ing all of their payments to anoth	iet eurith are not tedu	red to submit the
Written confirmation from the			
	provided in Section 2. (NOTE:		
	corporation, professional associa		
	a sole proprietor using an Empl	o Act. recentification 140	moer,)
MANDATORY, IF APPLICABLE	· · · · · · · · · · · · · · · · · · ·	t de 1850 er er er er	ta
☐ Copy of IRS Determination La	etter, it provider is registered wit	n me iks as non-prop	tt.
I Copy(s) of all final adverse ac	con documentation (e.g., nouries	nons, resolutions, and	•
reinstatement letters). I Completed Form CMS-460, M	Indiagra Dartiginating Distriction	ur Summilian á meamhan	4
			L.,
	Individual Reassignment of Med		o haine name to
Statement in writing from the	ozne, it intericate payment the a fution) where the supplier has a l		
TRUE OF STRUCTURE ITHANGED HIGH	envida à statement in writing for	m the bank (which m	unces, any type of 1st be in the Inco
loan) then the summier must n			THE CITY TOTAL
loan), then the supplier must p	preed to waive its right of offset	for Medicare receival	oles.
loan), then the supplier must pagreement) that the bank has a	greed to waive its right of offset		
loan), then the supplier must p agreement) that the bank has a Written confirmation from the	greed to waive its right of offset IRS confirming your Limited Li	ability Company (LL)	C) is automatically
loan), then the supplier must p agreement) that the bank has a Written confirmation from the classified as a Disregarded En- that is treated as an entity not the	greed to waive its right of offset IRS confirming your Limited Li ity (e.g., Form 8832). (NOTE: A separate from its single owner fo	ability Company (LL) disregarded entity is a rincome tax purposes	C) is automatically un eligible entity
loan), then the supplier must p agreement) that the bank has a Written confirmation from the classified as a Disregarded En-	greed to waive its right of offset IRS confirming your Limited Li ity (e.g., Form 8832). (NOTE: A separate from its single owner fo	ability Company (LL) disregarded entity is a rincome tax purposes	C) is automatically un eligible entity

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.

Officer, Baltimore, Maryland 21244-1850.

First Name	Middle initial	Last Name		M.D., D.O., etc.
ractitioner Signature (First, Middle, Last i	Name, Jr., Sr., M.D.,	. D.O., etc.)	Date Signed (mm/dd/y	( <i>YY)</i>
ll signatures must be original and signed not be processed. S	in ink (blue ink pre Stamped, faxed or	eferred). Applic copied signatu	ations with signatures described.	eemed not original wi
ECTION 16: FOR FUTURE USE	E (THIS SECTION	A TON NO	PPLICABLE)	
SECTION 17: SUPPORTING DO	CUMENTS		*	
pplication. For changes, only subnee-for-service contractor may requipport or validate information repontractor may also request documents are to bill Medicare.	est, at any time corted on the ap ents from you, c	during the oplication. In other than the	arrollment process, addition, the Medic	locumentation to are fee-for-service
MANDATORY FOR ALL PROVIDER/S  Completed Form CMS-588, for El NOTE: If a supplier already receive banking information, the CMS-588 practitioners who are reassigning a CMS-588.)	ectronic Funds 'I es payments elec 3 is not required, all of their payma	Transfer Authorically and (Moreover, ents to anothe	d is not making a cha physicians and non-p er entity are not requi	nge to his/her hysician red to submit the
I Written confirmation from the IRS Name (e.g., IRS form CP 575) pro is enrolling their professional corp this application or enrolling as a se	vided in Section oration_professi	2. (NOTE: Tonal associat	his information is need on, or limited liabilit	oded if the applicant y-corporation-with-
MANDATORY, IF APPLICABLE  I Copy of IRS Determination Lefter  I Copy(s) of all final adverse action	, if provider is re	egistered with	the IRS as non-profi	t.
J Copy(s) of an inal adverse action reinstatement letters).  J Completed Form CMS-460, Medic Completed Form CMS-855R, Indi-	care Participating	g Physician o	: Supplier Agreement	
Statement in writing from the bank bank (or similar financial institutio loan), then the supplier must provid agreement) that the bank has agree	r, If Medicare pa m) where the sup de a statement in	yment due a plier has a le writing fron	supplier of services i nding relationship (fl 1 the bank (which mu	eat is, any type of st be in the loan
Written confirmation from the IRS classified as a Disregarded Entity ( that is treated as an entity not separated to the company of content CLIA and FDA ce	e.g., Form 8832) rate from its sing	). (NOTE: A c <del>de owner for</del>	lisregarded entity is a <del>income tax purposes</del>	n eligible entity

a valid OMB control number. The valid OMB control number for this information collection is 0938-0885. The time required to complete this information collection is estimated to 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing,



JOHNSON, VICTORIA D

1/25/2012

D.O.B: 1/15/1958

#### **PHYSICAL EXAM**

Chief Complai	int								_					
Present Illne:	5£;			ENTS FOR S + ITCHI		COMPLIA	NT WITH D	IET + EX	ERCISE.	SHE IS WI	тноит сом	PLAINTS.	SHE IS C/O	RASH ON HER
Past Medical	History -	- No C	hange F	rom:	1/25/2012				Marital	Status:	@s O	OW	C D	
Allergies:	NKDA					•			Intolera	int:				
Medications:	N/A													
History	ather:		7 D	Brothers: Sisters:	₩L 5	LD -	_	l".∟  ⊽∟ ;	] [D	<u> </u>	Notes: DA	D DIED PA	ANCREATIC	CA
Г	CAD	Diat	betes	Гсал	cer T	Polyps —	Aneur	ysm	— FRa/	Sie	Cother:			
Social History	Work:	: 6	NROLLME	NT - UH		Alcohol	: OCCCAS				Smoking:	N/A		
_	Exerci	ise: R	EGULAR	<u>.</u>		Other:			-	•	Self Breast	Exam:	Y I N	
/accinations:	١	 Г:flu	T. Pn	eumonia	<b>▼</b> Teta	nus I	Shingles	Гн	ер А	ГНер В	Othe	••		
lospitalizatio	ne :	1			٠		2	,			3			•
		- 4			<u></u>		- - 5				_ 6			
*** Review o	f Systems	`	Foter H	= History	of present	 illness. N	= Normal. o	orA = Ab	normal i	nthe box r	ext to each	system be	low.	Comments:
N GEN:	Fever		Swe		Weight C		_ (\text{\tinn{\text{\tinx{\tint{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tinx{\tint{\tin{\tin					,		
N HEAD:	Head		Inju		, vicigits C	naige -	-		····					
A EYES:	Pain		Redi		Dry eyes	EN	/ision change	e/loss	WEAR	S GLASSES				
	f Tearing	ng	Titchi		Photophol		•							
N ENT:	l Hearl	-		Drainage Gum Pain		eracousis gestion		ers/ulcers age in vol		i Bleed	ling			
N BREAST:	Pain		Lump		Discharge									
N RESP:	Cough			m/phlegm Snoring	∏ Bloo ∭Apn		∏Paln	5						
V CVS:	FHBP Felpit		Murm rregular		Abn. Lipid Dizziness		Pain veiling	SC LE Pair		rthopne a Cramps				
GI:	Pain Difficu Const	ulty swa Ipation		iysph agia Diarrhea	∏ Bloo	ofappetit	PUD	∏Bi Nausea ∏Gall bl		Emesls	OCCAS (	ONSTIPAT	ION	
₹ GU:		)	y incont   Stones		exually activ	olete voldi	□N Pro	UTIs eference: IP: 2009	Nocturia Pros	tatitis F				
NEURO:	☐ Migrai ☐ Loss o	of balanchange	∏Apł	Falls nasla	Olplopia Dysesthe Dysarthria	Con	sthesias fusion	Vertigo	loss	Tremors Behavio	r change			
HEME:	Easy 1					Transfusio	2	DVT/PE	J	rollen/painfu	il glands			
1 ENDO:	I. Thyro			/uria/polyd	•	Heat/cold	·	Diabetes						
MSKEL	Muscle	e/joint	-	Swellin	_	Raynaud's						· · · · · · ·		
DERM:	<b></b> Rash					Itching		iging mo		Hair/Nail		<u> </u>		
PSYCH:	Depre	ssion	Nerv	ousness	Halluci	nations	Suicidal t		olan [	Sleep dist	urbance			
							Par	ie 1.					_	

DEFENDANT'S EXHIBIT

VJ000131 CONFIDENTIAL



Name: JOHNSON, VICTORIA D

Date: 1/25/2012 D.O.B: 1/15/1958

#### PHYSICAL EXAM

Examinat	lon:	• • •									
Appearan	ice; PLEAS	BACK V E DAVE I TOUTHO									
Weight:	153	Height: 65,75 IN BMI:	BP: 90/60	P:	R: 14	T:					
Pa <sup>N</sup> M <sup>Abn</sup>	l History -	-No Change From: 1/25/2012	Comments:	Status;	@s CM OW	<b>₽</b> D					
ال ال	Head:	Scalp, Trauma signs	AT/NC								
	Eyes:	Vac, Lids, Lashes, Conj., Sclera, Fundi	PERRL EOMI								
مسوعتاته	Ears:	External, Canals, TMs, Acuity	TM'S CLEAR								
A STATE OF THE PARTY OF THE PAR	Nose:	Septum, Turbinates, Mucosa	n, Turbinates, Mucosa NO SINUS TENDERNESS								
TT	Throat:	Gums, Lips, Teeth, Tongue, Pharynx	Fongue, Pharynx NO EXUDATE NO ERYTHEMA								
	Neck:	Mobility, Nodes, Masses, JVD, Thyrold	DILITY, Nodes, Masses, JVD, Thyrold NO ADENOPATHY NO THYROMEGALY NO MASSES								
خ ال ≽	Breast:	Nipple, Areola, Skin, Palpation, Axilla	NOMASSES NOD/C NO	NDENOPATH)	1						
ГГ	Chest:	Shape, Percussion, Palpation, Auscultation	СТА								
ŢŢ.	Cardiac	-Palpation, S1, S2, M/G/R	RRR NLS1 + S2 NOM/G/	R							
	Vasc:	Pulses, Bruits, Edema, [DM: Ischemic changes]	NO EDEMA 2 + PULSES		·						
(Inc. (Ilian-1	Abd:	Shape, Percussion, Palpation, LSKK, Nodules, Masses, Hernia	+ BS NT ND NO HSM NO	MASSES	······································						
Ţ.,,	Neuro:	Alertness, CN, S, M, Crbi, Rfx, Clock, [DM: Pin, Vibration, Monofilament testing]	CN11- XII INTACT MOTOR	+ CEREBE	LLAR NL DTR'S 2+						
VET ET	Paych:	: Thought, Affect, Speech pattern, Orientation NL									
Δİ. EI.	Gu/Gyn:	Ext. genatalia, Internal Exam									
\[ , N	Hame:	Bleeding, Petechiae, Purpura, Lymph Nodes	NO BRUISES NO ADENOPA	NO BRUISES NO ADENOPATHY							
	Mskel:	Bones, Joints, Tendons, Mobility	NO SWELLING IN JOINTS FROM								
I N	Derm:	Rash, Nodules, Moles, Nails, Hair, Hematomas, [DM Foot Exam: Nails, Skin, Pulses]	NL NAILS- + HYPERPIGME	NTED MAC	ULES ON UPPER BAK						
1 1 1		Mass, Tender, Prostrate, Stool, Ext. lesion, Hemorrholds, Hemoccult	NO MASSES NL TONE								
RESP:	Lough	Name Same Same	rain			***					
Lab Result    CVS:	_	•	Pāļn J SOB/PND/O	Versonna a							
i pressior Impressior	ı	ations/irregular beat Dizziness Swell		Cramps							
-	ITIS-RFMOM	• •	5.	, arannpa	J	-					
HEALTH	MATAL MAMA	OGRAM + COLONOSCOPY DONE- NEEDS PAP	1— <del></del> 6.								
	Li cousci		An 1 cau magnet a	<b>स्टब</b> ञ्ड		<del></del>					
3.			7. <u></u>		<u> </u>						
1.			ancy 8,								
Plan:		/urgency incontinence   Incomplete voiding   Stones   Sexually active:   Y	* * * * * * * * * * * * * * * * * * * *	statitis							
	LIPTO HEP.	Stones Sexually active: TY TATIC TSH VIT D	N Preference: I M LM <sup>5</sup> ,	1 6	l						
2. U/A	l local	Shalanca   Falls   Dissarthanianian arth	'6,	Tramara		144111919					
3. gyn for p	ap	INVANCE I SURVIVI I MARKUN	7. ∞ Γυ <del>ατιοι γιων</del>	, DCIMINO	Change						
1.	,,	A CAMPAGNA A SAMPAGNA		3	y. 1	• -					
		The second secon	bl. I Diabetes								
			DAVID HEADEN			<u> </u>					
mala lika a kari sa	ere jedil	The state of the s	Provider's Name	- E	<u></u>						
rovider's 5	signature	a Bankantia ka ka Ali Halinda	<u>u ·                                    </u>	Hair/Nail	cnanges						
			Page 2								

Patient Name: JOHNSON, VICTORIAD	Taken B	y: Pollack,	Mara			
Date of Birth: 1/15/1958 Age: 54	Date:	1/26/2013	2			
Chart Number: 2571601	Time:	9:13:22 /	ΔM			
Name of Caller: Victoria	Call at	home numb	oer.	(216) 78	67-0076	
Pharmacy #.	Call at	following n	umber:	216-3	383-6614	<del></del>
Allergies:						
Message:						
returning your call please call w # until 4:00pm 216-383-6614						
						,
	H . H . L L	In a Time				
Plan of Action: results given	Handled by:	Date & Time:	reugru o	Call:		
i cauta givan						
				<del>,</del>	•	
					•	
Call back if worse.		·				
Diagnosis: (For Billing Purposes Only)						
Provider:					•	•
CPT Billing for FNo Charge Telephone Services: F99441 [5-10] F99442 [11-20] F99443 [21-30]	M <sub>989</sub>	66 [5-10] 67 [11-20] 68 [21-30]	· ·			ALL-STATE LEGAL®  LIBIHXA  LIBIHXA



# **Adult Sick Visit**

Date o	f Visit: 2/13/2012						1
Patie	ent Name:	JOHNSON, VICTOR	NA D	DOB:	1/15/1958	Age:	54
Phone:	(216) 767-0076	or:		Medica	Assistant:		
Chief	complaint:					Date of Onset:	
Allergie	s:			Date of Last PE:		Smoker?	
Current	<u> </u>				· · · · · · · · · · · · · · · · · · ·	Pharmacy #:	-
	dical History:		100000000000000000000000000000000000000				
	: Family History: : Social History:						
HPI:	PATIENT PRESENTS (C/O INCREASED ANX	I FOR F/U., SHE IS C/O INCREAS IETY OVER THE SITUATION .S SHE FEELS THREATENED AT V	MORK AND HAS RECOME ON	FRLY CAUTIOUS AT	WORK AND AT	HOME,SHE HAS A M	
	SCHEDULED AT WOR	K WITH HRAND DOES NOT F	EEL COMFTORABLE RETURNI	NG TOWORK UNTIL	THIS SITUATU	ON IS RESOLVED.	
PE:	Weight:	lbs Temp:		Pulse:	Resp:	BP:	
	if Normal:	Relevant findings / C	omments:				
Ger	neral	MD KMN PLE	ASANT IN NAD A+C	X3			
	ırological	✓ Alert    ✓ Oriented			,		
Skir	1	I Intact					
<sup>i⊽</sup> Lyn	nph Nodes						
	ad/Neck	Neck supple	thyromegaly 🧖 No bro	ıits			
Eye	2\$	PEARLA Disc sh	агр				
Ear		TM's Intact	The second secon				
Nos	se .						
Thr	oat						
<sup>™</sup> Che	est	No retractions				<u> </u>	
Hea	art	PRRR PNo murmui				•	
Lun	gs	VClear VNo resp. d	listress				
₩ Abd	omen	No HSM Soft	™Good bowel sounds				
<sup>Ĩ</sup> ♥GU							
ijoľ	its/Hips						
<b>∀</b> Bac	k/Extremities						
[mpr	ession:	ANXIETY- EXTENSIVE COUNS	SELING GIVEN TO PATIENT. N TECHNIQUES GIVEN TO PA	SHE DOES NOT WAN	NT MEDS AND D ALL AFTER MEE	XOES NOT WANT A R FING WITH HR.	EFERRAL TOA
		HEMATURIA- RECHECK U/A					
Plan:					,	ALL-STATE LEGAL®	ANT'S BIT
ollow	up Appt: /	AS SCHEDULED	-			<b>₽</b>	
rovid	er Name:	DAVID HEADEN		· · · · · · · · · · · · · · · · · · ·	gwenny tenga annaharan	The second of the second	
				rovider, Signature	付一達要相 经经验债金	Committee and a second section of	menty of the State of

Patient Name:	JOHNSON,	VICTORIA	\D	Taken B	y: Dameron	-White, Olan	da
Date of Birth:	1/15/1958	Age: 54	1	Date:	2/14/2012	2	
Chart Number.	2571601			Time:	12:54:16	PM	
Name of Caller:	self			□Call at	home numb	эег. (216)	767-0076
Pharmacy #			_	F Call at	following nu	ımber: 2.7	'80.1009
Allergies:							
Message:	1.						Ī
pt, walked in ask fo	r a call from yoy						
							<u> </u>
Plan of Action: SHE WILL ASK FO				Handled by:	Date & Time:	Length of Call:	Ĵ
Call back if							۳
Diagnosis; (For Billi	ng Purposes On	<u> </u>					_
orovider:					-		-
CPT Billing Telephone	for Services:	No Ch F99441 F99442 F99443	[5-10] [11-20]	F9890	66 [5-10] 67 [11 <i>-</i> 20] 68 [21 <i>-</i> 30]		]



Patient Name: JOHNSON,	VICTORIAD	Taken By	r: Dameron	-White, Oland	а
Date of Birth: 1/15/1958	Age: 54	Date:	3/2/2012		
Chart Number: 2571601		Time:	2:48:55 F	PM	
Name of Caller: self	-	Call at	home numb	per: (216) 7	767-0076
Pharmacy #.		l Call at	following nu	ımber: <u>2.78</u>	0.1009
Allergies:					
Message: fax# 2,201.4288 need form faxed s	he left and her results from	testing any pr	oblem please	call	
Plan of Action:		Handled by:	Date & Time:	Length of Call:	
Imto send another form					
				-	
		•			
Call back if worse.		-			
Diagnosis: (For Billing Purposes On	ly)				
Provider:					
			· · · · · · · · · · · · · · · · · · ·		
CPT Billing for Telephone Services:	™No Charge □99441 [5-10] □99442 [11-20] □99443 [21-30]	E.989	66 [5-10] 67 [11-20] 68 [21-30]		

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Patient Name: JOHNSON,	VICTORIAD	Taken B	y: Stone, La	aura	
Date of Birth: 1/15/1958	Age; 54	Date:	3/8/2012		
Chart Number: 2571601		Time:	10:06:48	AM	
Name of Caller: patient		Call at	home numb	per. (216)	767-0076
Pharmacy #:		□Call at	following n	umber:	
Allergies:					<b>-</b>
Message: Health assessment form was sent March!	here. Has not heard if it we	as sent It, It Ni	EEDS to be in	by the end of	
					,
Plan of Action:		Handled by:	Date & Time:	Length of Call:	<u> </u> 
she willrefax form				****	1
			İ	·	
Tadi bash Kwares				<u></u>	]
Call back if worse.  Diagnosis: (For Billing Purposes On	lw.		n:		<b>!</b>
Pidalinara: / Lot mitting Edithoses Ou	***	·			
Orovidor:	,				
Provider:		<del></del>			
CPT Billing for Telephone Services:	™No Charge □99441 [5-10] □99442 [11-20] □99443 [21-30]	<u>∏</u> 989(	66 [5-10] 67 [11-20] 68 <b>[</b> 21-30]		

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# PHONE MESSAGE

Patient Name: J	OHNSON,	VICTOR	IAD	Taken By	/: Hill, Cha	rletta				
Date of Birth: 1	/15/1958	Age:	54	Date:	3/20/201	2				
Chart Number: 2	571601			Time:	1:43:45	PΜ				
Name of Caller:	self			Call at	home numl	ber.	(216) 7	767-0076		
Pharmacy #:				l Cail at	following n	umber:	216-	780-1009		
Allergies:										
Message:									•	
pieaso cali										
Plan of Action:				Handled by:	Date & Time:	Length o	f Cali:			
HAVING ANXIETY S) SCHEDULE APPT										
Call back if v	vorse.									
Diagnosis: (For Billing	Purposes Onl	y)								
		-		- 11						
Provider:										
										ě
CPT Billing f Telephone S	or ervices:	9944	harge 1 [5-10] 2 [11-20] 3 (21-30]	F 9896	36 [5-10] 37 [11-20] 38 [21-30]	]				

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# **Adult Sick Visit**

Date o	of Visit:  6/11/2012								
Patie	ent Name:	JOHNSON, VICTORIA D		DOB:	1/15/1958	Age	e: 54		
Phone:	(216) 767-0076	or:		Medical	Assistant:				
Chie	f complaint:					Date of Onset	:		
Allergie	ss:		Date of	Last PE:		Smoker?			
Current						Pharmacy #:			
	dical History: t Family History:								
	t Social History:			A270					
HPI:	PATIENT PRESENTS FO CONCENTRATION, DEC IDEATION.	OR F/U. SHE IS C/O INCREASED STRESS AT VEREASED SLEEP, DEPRESSED MOOD, DECREASED STEEP, DEPRESSED MOOD, DECREASED AFTER EVENT WITH CO-WORKER. SHE RE	SED IMICKEDIS' MCW	ACITIC' IN	אווע לחכעסולי	ICIT, OIL DENIE	S GOICIDAL		
PE:	Weight: 1`58	lbs Temp:	Pulse:	72	Resp:	BP:	120/70		
	if Normal:	Relevant findings / Comments:							
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Che		No retractions							
<sup>™</sup> Hea			S1 + S2				HP 15 TAIL		
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nioĽ.	rts/Hips								
Bac	k/Extremities	NO EDEMA			•				
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	·	HEMATURIA WILLRECHECK IN 1 MO							
Plan:				•		ALL-STATE LEGAL®	NDANT'S HIBIT		
ollow	up <b>Appt:</b> 3	WEEKS			-	ALL			
rovid	er Name: DA	AVID HEADEN	Provider	Signature					



# **Adult Sick Visit**

Chief complaint:    Date of Last FE:	Date o	f Visit: 6/19	/2012												-	
Chief complaint:    Date of Last PE:	Patie	ent Name	e:	JOH	INSO	N, VICT	ORIA D	)				DOB:	1/15/1958	3	Age:	54
Current Medic:    Date of Last PE   Smider?	Phone:	(216) 767	-0076	or:								Medical	Assistant:			
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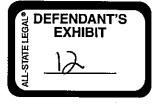
# PHONE MESSAGE

Patient Name: JOH	INSON, VICTORIAD	Taken By	: Hill, Char	letta	
Date of Birth: 1/15	5/1958 Age: 54	Date:	7/17/2012	2	
Chart Number: 257	1601	Time:	12:36:24	PM	
Name of Caller: se	elf	Call at	home numb	per. (216)	767-0076
Pharmacy #.		✓ Call at	following nu	umber: <u>216</u>	-780-1009
Allergies:					_
Message:					]
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Dien of Action		Handled by:	Data & Time	Length of Call:	] ]
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Provider:	· · · · · · · · · · · · · · · · · · ·				<b>j</b> .
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CPT Billing for Telephone Ser	Vices: □9441 [5-10] □99442 [11-20] □99443 [21-30]	<b>F</b> 989€	36 [5-10] 37 [11-20] 38 <b>[</b> 21-30]		

ALL-STATE LEGAL®
ALL-STATE LEGAL®

# PHONE MESSAGE

Patient Name: JOHNSON	I, VICTORIAD	Taken By	y: HIII, Char	rletta		
Date of Birth: 1/15/1958	Age: 54	Date:	7/26/201	2		
Chart Number: 2571601		Time:	12:25:47	PM		
Name of Caller: self		□Call at	home numb	per. (2	216) 7	67-0076
Pharmacy #	-	P Call at	following ru	umber:	216-	780-1009
Allergies:						
Message;						
ploase call						
Plan of Action:		Handled by:	Date & Time:	Length of	Call:	
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Call back if worse.						
Diagnosis: (For Billing Purposes C	Pnly)					
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CPT Billing for Telephone Services:	Mo Charge 199441 [5-10] 199442 [11-20] 199443 [21-30]	<b>∏</b> 9896	66 [5-10] 67 [11-20] 68 [21-30]			





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EMPLOYEE'S HEALTH CONDITION
CERTIFICATION OF PHYSICIAN OR PRACTITIONER

JUL 2 6 2012

Family and Medical Leave Act (FMLA) / UH Medical Leave of Absence

		of a substitute of	a be assisted to	: {	
Employee's Name (print):	JOHNSO	od	Vie	ETORIA First	
2641 10		Last	Cial -D.	First	M.I.  10 1470 44126  16 1 Zp Code
SOTO DY	0011220	(NOTIO	- YMPER	City / Sta	te / Zip Code
Phone# 26 783	1009 Last 4 di	gits of Social Securi	ty#:8452	Date of Birth:	15,158
Department Pour	CAROLLA MA	nager: 121E	KIDDLE	_ Manager's Office #:	
I hereby authorize University authenticity of this folm.	Hospitals Corporate	Health Staff to con	tact the physician/p	ractitioner for clarificat	tion and/or to determine
Employee Signature:	Taria /	trus	·	_ Date:	
If this form is incom	///				
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Regimen of Treatment:					
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				d)///////	
Other (i.e. PT, Cl	nemo, Radiation)				
If pregnancy: Expected	Date of Delivery:	//			
If FMLA to	start before expecte	d delivery date, whe	at is the first date of	Leave?/	/
Reason fo	r early Leave:				
Employee is unable to p	erform his/her job a	and must remain o	ff work until:	618113	<u>}</u>
Signature of Physician/Prac	tillioner:			Date:	2126/12
Print Name:	Viva (1	Herder	NIN	Fax #: (26)4	W- 2030
Field of Specialization:	Int.	1111		Phone #: 10/0 /	How. 1115
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Address:	<u> </u>		City/State/21p		
☐ Bedford Medical Cente ☐ Conneaut Medical Cente ☐ Geauga Medical Cente ☐ Geneva Medical Cente ☐ Kara Ladalka Fax (216) 201 Ph. (216) 844	ter UHPS/UHN r UHMG/UHI r a, RN 1-4095		☐ UH Case Me☐ UH Corporate☐ Seidman Car Lisa Edgeho Fax (216) 20 Ph. (216) 844	o Office ncer Center use, RN	Home Care Services Donna Schott, RN Fax (216) 201-4072 Ph. (216) 765-2797 Ahuja Medical Center Donna Gigliotti, RN Fax (216) 200-5651

# PHONE MESSAGE

Patient Name: JOHNSON, VICTORIAD	Taken B	y: Stone, La	aura		
Date of Birth: 1/15/1958 Age: 54	Date:	8/10/201	2		
Chart Number: 2571601	Time:	12:47:13	PM		
Name of Cailer: patient	Call at	home numb	oer. (216)	767-0076	
Pharmacy #	F Call at	following n	umber: 21	6780-1009	
Allergies:		_	,-		
Message:	11 11 11 11 11 11 11 11 11 11 11 11 11			<u> </u>	
FYI SHe got an extension on her return to work until 09/01/12			<del> ·</del>	-	•
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Plan of Action: I SPKE TO PATIENT AND SHE IS SEEING A	Handled by:	Date & Time;	Length of Call:	-	
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Call back if worse.					
Diagnosis: (For Billing Purposes Only)					•
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Provider:				-	
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CPT Billing for No Charge Telephone Services: 199441 [5-10] 199442 [11-20] 199443 [21-30]	F.: 989	66 [5-10] 67 [11-20] 68 [21-30]			



VJ000119 CONFIDENTIAL To David Headen MD

From: Fadi Abbass MD

8-20-12 5:04am p. 2 of 3

University Hospitals Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024

Patient Name: JOHNSON, VICTORIA. D

MRN: 1594755 DOB: 01/15/1958

Encounter Number: 32762618
Date of Service: 08/17/2012

Patient Location: GOR GORO GORO03

Patient Type: 0

Surgeon: Fadi Abbass, MD

Report Type: Operative Reports

## PREOPERATIVE DIAGNOSIS:

Chronic tonsillitis.

## POSTOPERATIVE DIAGNOSIS:

Chronic tonsillitis.

#### PROCEDURE:

Tonsillectomy.

#### SURGEON:

Fadi Abbass, MD

#### ANESTHESIA:

General.

## ESTIMATED BLOOD LOSS:

30 cc.

## OPERATIVE NOTE:

The patient was taken to the operating room, placed supine on the operating table, and general endotracheal anesthesia was induced. The head of bed was turned 90 degrees. The patient's head was draped in usual fashion. The McIvor mouth gag was used to expose the oral cavity and oropharynx. The tonsils were then excised using the cold knife and snare technique. The right tonsil was excised, followed by the left. The dissection was maintained on the tonsillar capsule. There was mild bleeding controlled with packs. The packs were removed and minimal residual oozing was controlled with minimal use of bipolar cautery at a setting of 15 watts. Only bleeding points were treated. Once complete hemostasis was achieved, the patient was turned over to Anesthesia for extubation.

DICTATED BUT NOT READ

Fadi Abbass, MD

DD: 08/17/2012 05:14 PM EST

Page 1 of 2

DEFENDANT'S EXHIBIT

.David Headen, MD Signed on 08/21/2012 7:10:22 PM

To: David Readen MD

From: Fadi Abbass MD

8-20-12 5:04am p. 3 of 3

Patient Name: JOHNSON, VICTORIA. 3

MRN: 1594755

Encounter Number: 32762618

Date of Service: 08/17/2012 '

TI: 08/20/2012 05:59 AM EST DICTATION NUMBER: 989207 SPHERIS JOB NUMBER: 58699699

CC:

David Headen MD, 2164642930

To: Tavid Seaden YD

From: Louis Albert Horwitz MD

10-08-12 1:51am p, 2 of 4

University Hospitals Ahuja Medical Center 3999 Richmond Road Beachwood, OH 44122

Patient Name: JOHNSON, VICTORIA. 3

MRN: 1594755 DOB: 01/15/1958

Encounter Number: 32940517

Date of Service: 10/07/2012

Patient Location: JER

Patient Type: E

Attending Physician: Louis Albert Horwitz, MD

Report Type: ED

## CC/HPI:

Sinus pain.

The patient had sinus fullness and sinus pain for the past several months. She was supposed to have an outpatient CAT scan of her sinuses next week and she feels that it is an urgent matter and she wants it tonight. She has had sinus problems for several months, some heaviness in the sinuses and some greenish material when she blows her nose. She had an allergy test and it showed she was allergic to DUST MITES. She initially said that she had been on Z-Pak and she was no better, but after discussing it with her, it seems that she was on a Medrol Dosepak some weeks ago and she is no better. She is currently on Keflex and doxycycline. She has 2 more days of that. She has tried Claritin and Afrin and she is on Flonase without much improvement. Pain is pressure-type in nature, worse with palpation, 7/10 in severity. She denies the need for pain medications.

## PMH:

Bilateral tubal ligation, anxiety, depression, and frequent tonsillitis. She had a recent tonsillectomy as well.

### MEDICATIONS:

Medications are reviewed and include:

- 1. Keflex.
- 2. Doxy.
- 3. Antivert.
- 4. Flonase.
- 5. Medrol Dosepak that she has filled, but has not begun.

## ALLERGIES:

None.

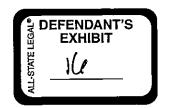
#### ROS:

Negative except as noted in the HPI. 14 systems are reviewed. The patient is not pregnant. She has not had a period for 4 to 5 years.

#### PH:

Noncontributory.

Page 1 of 3



.David Headen, MD Signed on 10/08/2012 6:42:16 PM

To: David Headen MD

From: Louis Albert Forwitz MD

10-08-12 1:51am p. 3 of 4

Patient Name: JOHNSON, VICTORIA. 3

MRN: 1594755

Encounter Number: 32940517

Date of Service: 10/07/2012

#### SH:

She does not smoke or drink.

## PE:

VITAL SIGNS: Blood pressure 104/74, pulse 71, respiratory rate 20, and temperature 36.

HEENT EXAM: TMs clear. Pharynx not injected. No adenopathy. No JVD or bruits. There is some congestion of her masal passages. She has tenderness over the frontal and maxillary sinuses bilaterally. There is no bleeding from the nose.

NECK: Supple. No meningismus.

LUNGS: Clear without rhonchi, wheezes, or rales.

CARDIAC EXAM: Without gallop or murmur.

ABDOMEN: Soft and nontender. Bowel sounds are normoactive. No

rebound or guarding.

MUSCULOSKELETAL: Soft tissue and joints are otherwise

unremarkable.

SKIN: There is no rash.

#### HOSPITAL COURSE:

ED Course: CAT scan of the head and sinuses is negative for intracranial pathology or abnormal sinus findings. Dr. Diana Ponsky was contacted at 9:50 p.m. Case was discussed in detail. She had no particular recommendations for this patient other than to see her in the office this week. A trial of Singulair will be given and she will continue on her other medications. She is taken off work for the remainder of the week due to her continued headache and pain.

## Assessment: .

Diagnoses:

- 1. Sinusitis.
- Headache.

I have personally performed and/or participated in all of the above services and procedures. I have reviewed all the nurse's notes and have confirmed their findings, and have incorporated those findings into this medical record.

DICTATED BUT NOT READ

Louis Albert Horwitz, MD

DD: 10/07/2012 10:02 PM EST TT: 10/08/2012 02:49 AM EST DICTATION NUMBER: 1043103 SPHERIS JOB NUMBER: 59898182

CC:

Page 2 of 3

"o: Tavid Seaden MD

From: Louis Albert Horwitz 19

10-08-12 1:51am p. 4 of 4

Patient Name: JOHNSON, VICTORIA. 3

MRN: 1594755

Encounter Number: 32940517 Date of Service: 10/07/2012

David Jerome Headen, MD, 2164642930 Diana Chuong Ponsky, MD, 2168443977 Dr. Abbass

## Morrison, Christina

From: bronxvikki@aol.com

Sent: Monday, February 13, 2012 11:19 AM

To: Morrison, Christina Subject: Re: Paul Simmons

Thanks, Tina please give Kim my number and I look forward to your call this evening.

Sent from my HTC smartphone on the Now Network from Sprint!

---- Reply message -----

From: "Morrison, Christina" < Christina. Morrison@UHhospitals.org>

Subject: Paul Simmons

Date: Mon, Feb 13, 2012 9:56 am

Victoria-thanks for your time today.

I spoke with Kim Gutendorf and she sees a few positions you may be interested in looking at. She doesn't recruit for all of them but she'll reach out to the recruiter if you decide to apply. One in particular is #528937 Credentialing Assistant.at main campus. She also mentioned a couple Patient Acct Reps at MSC. Let me know what you apply for and I'll call her on your behalf.

Thanks again and let me know what else you need.

## Tina Morrison

Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org

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From: bronxvlkki@aol.com [mailto:bronxvlkki@aol.com]

**Sent:** Sunday, February 12, 2012 9:38 PM **To:** Johnson, Sheryl L; Morrison, Christina

Subject: Re: Paul Simmons

Hi Tina and Sheryl,

I am sorry I am just getting back to you regarding your questions address to me, but I have not been feeling well. I want to stay in my cube. And yes I am certain that it is lingering fondling.

Thank you.



Page 2 of 4

Sent from my HTC smartphone on the Now Network from Sprint!

---- Reply message ----

From: "Johnson, Sheryl L" <Sheryl.Johnson@UHhospitals.org>

To: "Morrison, Christina" < Christina. Morrison@UHhospitals.org>, < bronxvikki@aol.com>

Subject: Paul Simmons

Date: Fri, Feb 10, 2012 9:19 am

Tina — we can move Victoria to an open cube. Victoria has expressed that she does not want to move from where she is currently located.

Victoria – please respond to Tina Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

From: Morrison, Christina

**Sent:** Friday, February 10, 2012 9:16 AM **To:** Johnson, Sheryl L; 'bronxvikki@aol.com'

Subject: RE: Paul Simmons

In the interim, is it possible to move Victoria?

Victoria-how long have you been sitting next to Paul?

Also, I know this is uncomfortable, but are you certain it is lingering fondling or more like a lot of 'adjusting'?

I'm sorry to have to ask, but when we have a conversation with him, I need to be clear on this. Thank you.

Tina Morrison

Sr. Generalist, Human Resources

University Hospitals Physician Services

24701 Euclid Avenue

Euclid, Ohio 44117

Office 216-383-6759

Cell 440-474-3233

Fax 216-201-4544

Christina.Morrison@UHhospitals.org

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From: Johnson, Sheryl L

Sent: Friday, February 10, 2012 8:59 AM

To: bronxvikki@aol.com

Cc: Morrison, Christina; Riddle, Steve; Graham, Donna

Subject: RE: Paul Simmons

Victoria – both Steve and Donna are offsite this morning. An exact time had not been established. I will let you know as soon as both Steve and Donna return.

Sheryl Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

From: bronxvikki@aol.com [mailto:bronxvikki@aol.com]

Sent: Friday, February 10, 2012 8:23 AM

To: Johnson, Sheryl L Cc: Morrison, Christina Subject: Paul Simmons

Hi Sheryl,

Please let me know what time meeting has been scheduled to discuss Paul Simmon's behavior. As I expressed yesterday I am not comfortable being in his presence.

Thanks. Victoria

Sent from my HTC smartphone on the Now Network from Sprint!

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any responsibility for unauthorized disclosure of this information to anyone

other than the addressee.

Federal and Ohio law protect patient medical information, including psychiatric\_disorders, (H.I.V) test results, A.I.Ds-related conditions,

alcohol, and/or drug\_dependence or abuse disclosed in this email. Federal

regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific

written consent of the person to whom it pertains, or as otherwise permitted by law.

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by law.

Page 1 of 4

## Morrison, Christina

From: Morrison, Christina

Sent: Tuesday, February 14, 2012 1:48 PM

To: 'bronxvlkki@aol.com'
Subject: RE: Paul Simmons

I will reach out to Kim for you. I know she had off site meetings today but she should be back

I believe Sheryl already shared with you how things went. Just be assured things have been formally addressed and he is moving today as you requested.

He will be in an area away from you. There is no reason for the two of you to be in any contact (unless you accidentally pass in the halls) from today forward.

Again, we have addressed your concerns and made changes to help you feel comfortable. Thank you for bringing your concerns to our attention.

Tina Morrison

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Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org

From: bronxvikki@aol.com [mailto:bronxvikki@aol.com]
Sent: Tuesday, February 14, 2012 1:02 PM

To: Morrison, Christina Subject: Re: Paul Simmons

Hi Tina. Tried calling Kim again today. If you would please let her know I am trying to reach out to her. I would also like to discuss what ever details you can share with me regarding today's meeting with Paul Simmons.

Thanks.

Sent from my HTC smartphone on the Now Network from Sprint!

---- Reply message ----

From: "Morrison, Christina" < Christina. Morrison@UHhospitals.org>

To: <br/>
Subject: Paul Simmons

Date: Mon, Feb 13, 2012 7:12 pm

Let me know tomorrow if you do not connect with Kim. EAP is a wonderful benefit we have as UH employees.

I started thinking about how emotional you are during all of this and felt it might be something you can take advantage of. I can't hurt that is for sure. :)

ALL-STATE LEGAL®

ALL-STATE LEGAL®

ALL-STATE LEGAL®

Page 2 of 4

From: bronxvikki@aol.com [mailto:bronxvikki@aol.com] **Sent:** Mon 2/13/2012 7:00 PM To: Morrison, Christina Subject: Re: Paul Simmons Hi Tina,  $(x,y) = \sigma(x,y) + (x,y) + (x,$ Wanted to let you know I called Kim twice today. I hope to hear from her tomorrow. Also received the referral from Sheryl today regarding EAP. and a service of the second of Sent from my HTC smartphone on the Now Network from Sprint! ---- Reply message From: "Morrison, Christina" < Christina. Morrison@UHhospitals.org> To: <br/>
bronxvikki@aol.com> Starting to the control of the second of the Subject: Paul Simmons Date: Mon, Feb 13, 2012 11:28 am 441 T: 216-767-8357 20 Tina Morrison Sr. Generalist, Human Resources University Hospitals Physician Services 24701 Euclid Avenue Euclid, Ohio 44117 Control of the Control of the Control Office 216-383-6759 Cell 440-474-3233 Fax 216-201-4544 Christina.Morrison@UHhospitals.org 2000年1月2日 - 1 From: bronxvikki@aol.com [mailto:bronxvikki@aol.com] Sent: Monday, February 13, 2012 11:19 AM To: Morrison, Christina Subject: Re: Paul Simmons graduate of the second of the Thanks, Tina please give Kim my number and I look forward to your call this evening. Sent from my HTC smartphone on the Now Network from Sprint! ---- Reply message ----From: "Morrison, Christina" < Christina. Morrison@UHhospitals.org> To: <br/>
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She also mentioned a couple Patient Acct Reps at MSC.

Let me know what you apply for and I'll call her on your behalf.

Thanks again and let me know what else you need.

Tina Morrison Sr. Generalist, Human Resources University Hospitals Physician Services 24701 Euclid Avenue Euclid, Ohio 44117 Office 216-383-6759 Cell 440-474-3233 Fax 216-201-4544 Christina.Morrison@UHhospitals.org

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Subject: Re: Paul Simmons

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---- Reply message -----

From: "Johnson, Sheryl L" < Sheryl. Johnson @UHhospitals.org>

To: "Morrison, Christina" < Christina. Morrison@UHhospitals.org>, < bronxvikki@aol.com>

Subject: Paul Simmons

Date: Fri, Feb 10, 2012 9:19 am

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Victoria - please respond to Tina Sheryl Johnson Províder Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117

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PH: 216-692-1144 FX: 216-383-6745

From: Morrison, Christina

Sent: Friday, February 10, 2012 9:16 AM
To: Johnson, Sheryl L; 'bronxvikki@aol.com'

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## Morrison, Christina

From: Johnson, Victoria

Sent: Monday, March 19, 2012 10:10 AM
To: Morrison, Christina; Riddle, Steve
Co: Johnson, Sheryl L; Wahl, Cheryl

Subject: RE: Corrective Action/Write Up

Yes we can meet to discuss this further. I have documentation to present to you to support my beliefs.

Please let me know when we can meet.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Morrison, Christina

Sent: Monday, March 19, 2012 9:26 AM
To: Johnson, Victoria; Riddle, Steve
Cc: Johnson, Sheryl L; Wahl, Cheryl
Subject: RE: Corrective Action/Write Up

#### Victoria.

Your performance evaluation is an evaluation of your work from 2011, and has nothing to do with your report regarding Paul Simmons.

Again, that situation was fully investigated and we moved Paul per your request.

We do thank you for bringing your concerns to our attention so we were able to investigate. Steve and Sheryl have documented performance concerns that fell under your responsibility and occurred in 2011.

These errors occurred prior to you bringing forth your concerns with Paul's behavior. Managers are responsible for holding all their employees accountable for their performance.

Do you feel these performance concerns should not be addressed because you did bring a complaint to HR?

Bringing a concern forth does not negate evaluation of your performance.

A formal corrective action was not issued to you; the CA is currently Steve/Sheryl's documentation of the events, not a formal CA on your record.

They made a management decision not to issue you formal CA of the events because you expressed a strong desire to transfer out, and they wanted to be supportive of you as you were working through your concerns with Paul. They discussed this option with me as we were looking into your report.

I am happy to meet with you personally to discuss anything you are not comfortable with.

Thank you.

Tina Morrison

Sr. Generalist, Human Resources

DEFENDANT'S EXHIBIT

Page 2 of 2

University Hospitals Physician Services () 电电影电影 医克里克氏 24701 Euclid Avenue Euclid, Ohio 44117 Office 216-383-6759 THE RELATIONS Cell 440-474-3233 ELEVATOR OF THE SERVED CONTRACTOR Fax 216-201-4544 and the Contract of the State of the Contract Christina Morrison @UHhospitals.org 公司、所以1992年本の根据、1000年代の1992年 1992年 University Hospitals The Control of the Control of the State of the State of the Control of the Control of Physician Services

From: Johnson, Victoria

Sent: Monday, March 19, 2012 7:12 AM

To: Riddle, Steve

Cc: Johnson, Sheryl L; Morrison, Christina; Wahl, Cheryl

**Subject:** Corrective Action/Write Up

Steve,

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With regard to my performance review/meeting with you, Sheryl and myself, Friday, March 16, 2012, I am still waiting for a copy of the Corrective Action/Write Up that was presented to me. You said you were going to check with Human Resources to see if you were capable of giving me a copy of it. I don't agree with it and feel that it was presented because of my complaint of witnessing Paul Simmons fondling himself on more than one occasion.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk and the state of the state

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ASSOCIATE & PROFESSIONAL

ployee (print name):	Victoria Johnson	Department:	Revenue Cycle-Billing Services
The state of the s	March 6, 2012	Title:	Provider Enrollment Specialist
Date:	Iviation of corr	<u></u>	

## 1 Goals

Major Goals (start of year)	Measurements/Observations (end of year)
Mol de de la companya	•
	•
	•
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# 2 Job-Specific Competencies (attach job specific competencies if applicable)

Assess which competencies have been met and how the employee can develop the competencies that need improvement.

Does Not Meet Expectations	Meets Expectations
Recommendations for Improvement	
For 2011 there were issue related to application as well as below	ow expectation efforts to stay current with rejection reports.

## **UH Values**

UH Values	Evaluation
Excellence  We have a continuous drive for excellence and are always seeking ways to improve the health of those who rely on us.	☐ Consistently Exceeds Expectations ☐ Consistently Meets Expectations ☑ Frequently Meets Expectations ☐ Does Not Meet Expectations Observations / Recommendations: Victoria needs to pay closer attention
<ul> <li>Sets standards for excellence—Establishes criteria and/or work procedures to achieve a high level of quality, productivity, or service.</li> <li>Ensures high quality—Dedicates required time and energy to assignments or tasks to ensure that no aspect of the work is neglected; works to overcome obstacles to completing tasks or assignments.</li> </ul>	to detail when submitting applications. An example would be Medicare applications. Please make sure all appropriate signatures are obtained and the correct forms are utilized.  Victoria has shown that she has an expertise in completing out of state Medicaid applications.
Diversity  We embrace diversity in people, ideas, experiences and perspectives.  Observable Behaviors  Seeks understanding—Establishes relationships with and learns more about people of other cultures and backgrounds (i.e., their special Issues, social norms, decision-making approaches, and preferences).  Uses diversity as an advantage—Seeks out and uses ideas, opinions, and insights from diverse sources.	☐ Consistently Exceeds Expectations ☐ Consistently Meets Expectations ☐ Frequently Meets Expectations ☐ Does Not Meet Expectations  Observations / Recommendations:



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<ul> <li>Integrity</li> <li>We have a shared commitment to do what is right.</li> <li>Observable Behaviors</li> <li>Stays true to self—Acts in accordance with one's own values, standards, and beliefs even when under pressure; ensures that words and actions are consistent across situations.</li> <li>Acts with integrity—Adheres to moral, ethical, and professional standards, regulations, and organizational policies; keeps commitments to promised actions.</li> </ul>	☐ Consistently Exceeds Expectations ☐ Consistently Meets Expectations ☐ Frequently Meets Expectations ☐ Does Not Meet Expectations Observations / Recommendations:
Compassion  We have genuine concern for those in our community and treat them with respect and empathy.  Observable Behaviors  Conveys respect—Uses language and behavior that consistently reflect and enhance the dignity of diverse patients, partners, and employees; takes actions that show consideration for cultural concerns and expectations; continually examines own biases and behaviors to avoid stereotypical responses.	☐ Consistently Exceeds Expectations☐ Consistently Meets Expectations☐ Frequently Meets Expectations☐ Does Not Meet Expectations☐ Observations / Recommendations: Does not appear to consistently present a positive disposition or convey a desire to maintain constructive interpersonal relationships.
interpersonal relationships even when under stress.  -reamwork  We work collaboratively as an integrated team to improve patient care and performance.  Observable Behaviors  Informs others on team—Shares important or relevant information with the team.  Models commitment—Adheres to the team's expectations and guidelines; fulfills team responsibilities; demonstrates personal commitment to the team.	☐ Consistently Exceeds Expectations ☐ Consistently Meets Expectations ☐ Frequently Meets Expectations ☐ Does Not Meet Expectations ☐ Does Not Meet Expectations ☐ Observations / Recommendations: Victoria needs to clearly communicate issues/concerns related to her providers and how they impact potential claims/billing issues. Verbalize any delays in application process or rejections. Victoria needs to have a better understanding of the rejection report and how to work the report.



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## **LIH Core Behaviors**

Managing Work (includes Time Management)  Effectively managing one's time and resources to ensure that work is completed efficiently.  Observable Behaviors  Prioritizes—Identifies more critical and less critical activities and tasks; adjusts priorities when appropriate.  Makes preparations—Ensures that required equipment and/or materials are in appropriate locations so that own and others' work can be done effectively.  Schedules—Effectively allocates own time to complete work; coordinates own and others' schedules to avoid conflicts.  Leverages resources—Takes advantage of available resources (individuals, processes, departments, and tools) to complete work efficiently.  Stays focused—Uses time effectively and prevents irrelevant issues or distractions from interfering with work completion.  Applied Learning  **similating and applying new job-related information in a timely manner.  Observable Behaviors  Actively participates in learning experience (e.g., takes notes, asks questions, does required tasks).  Actively participates in learning experience (e.g., takes notes, asks questions, does required tasks).  Applies knowledge, understanding, or skill—Readily absorbs and comprehends new information from formal and informal learning experiences.  Applies knowledge or skill—Puts new knowledge, understanding, or skill to practical use on the job; furthers learning through trial and error.  Building Trust Interacting with others in a way that gives them confidence in one's intentions and those of the organization.	UH Core Benaviors		
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<ul> <li>Makes preparations—Ensures that required equipment and/or materials are in appropriate locations so that own and others' work can be done effectively.</li> <li>Schedules—Effectively allocates own time to complete work; coordinates own and others' schedules to avoid conflicts.</li> <li>Leverages resources—Takes advantage of available resources (individuals, processes, departments, and tools) to complete work efficiently.</li> <li>Stays focused—Uses time effectively and prevents irrelevant issues or distractions from interfering with work completion.</li> <li>Applied Learning</li> <li>*similating and applying new job-related information in a timely manner.</li> <li>Observable Behaviors</li> <li>Actively participates in learning activities—Takes part in needed learning activities in a way that makes the most of the learning experience (e.g., takes notes, asks questions, does required tasks).</li> <li>Quickly gains knowledge, understanding, or skill—Readily absorbs and comprehends new information from formal and informal learning experiences.</li> <li>Applies knowledge or skill—Puts new knowledge, understanding, or skill to practical use on the job; furthers learning through trial and error.</li> <li>Building Trust</li> <li>Interacting with others in a way that gives them confidence in one's intentions and those of the organization.</li> </ul>		Victoria's focus should be on how her	
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<ul> <li>Schedules— Effectively allocates own time to complete work; coordinates own and others schedules to avoid conflicts.</li> <li>Leverages resources—Takes advantage of available resources (individuals, processes, departments, and tools) to complete work efficiently.</li> <li>Stays focused—Uses time effectively and prevents irrelevant issues or distractions from interfering with work completion.</li> <li>Applied Learning         <ul> <li>similating and applying new job-related information in a timely manner.</li> <li>Observable Behaviors</li> <li>Actively participates in learning activities—Takes part in needed learning activities in a way that makes the most of the learning experience (e.g., takes notes, asks questions, does required tasks).</li> <li>Quickly gains knowledge, understanding, or skill—Readily absorbs and comprehends new information from formal and informal learning experiences.</li> <li>Applies knowledge or skill—Puts new knowledge, understanding, or skill to practical use on the job; furthers learning through trial and error.</li> </ul> </li> <li>Building Trust         <ul> <li>Interacting with others in a way that gives them confidence in one's intentions and those of the organization.</li> <li>Obes Not Meet Expectations Observations, Peccommendation (victoria's interactions of not victoria's interactions on one.</li> </ul> </li> </ul>	locations so that own and others' work can be done effectively.	referring physicians, new providers that need to be loaded into IDX. All	
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organization.  Observations / Recommendation Victoria's interactions do not	Building Trust  Interacting with others in a way that gives them confidence in one's intentions and those of the	☐ Consistently Exceeds Expectations ☐ Consistently Meets Expectations ☑ Frequently Meets Expectations ☐ Doos Not Meet Expectations	
Victoria's interactions do not		<del></del>	
consistently illicit confidence and	Observable Behaviors	Victoria's interactions do not	
<ul> <li>Operates with integrity—Demonstrates honesty; keeps commitments; behaves in a consistent manner.</li> </ul>	manner.	trust from others.	
<ul> <li>Discloses own positions—Shares thoughts, feelings, and rationale so that others understand personal positions.</li> </ul>	personal positions.		
<ul> <li>Remains open to ideas—Listens to others and objectively considers others' ideas and opinions, even when they conflict with one's own.</li> </ul>	even when they conflict with one's own.	i,   	
Supports others—Treats people with dignity, respect, and fairness; gives proper credit to others; stands up for deserving others and their ideas even in the face of resistance or challenge.	<ul> <li>Supports others—Treats people with dignity, respect, and fairness; gives proper credit to others; stands up for deserving others and their ideas even in the face of resistance or challenge.</li> </ul>	LINDAEDGITY HOSDITALS 2011 -	



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itient/Colleague Relations	Consistently Exceeds Expectations Consistently Meets Expectations
Meeting patient, patient family, and colleague needs; taking responsibility for a patient's safety, satisfaction, and clinical outcomes; using appropriate interpersonal techniques to resolve difficult situations and regain patient, patient family, and colleague confidence.  Observable Behaviors  Seeks to understand patient/colleague needs—Actively seeks information to understand circumstances, problems, expectations, and needs; verifies understanding.  Meets or exceeds patient/colleague needs—Quickly responds to patient/colleague needs; takes opportunities to exceed patient/colleague needs but avoids over commitments; gains patient/colleague agreement to proposed solutions.  "HEARTS"—Handles upset patients and patient families by Hearing, Empathizing, Apologizing,	Frequently Meets Expectations Does Not Meet Expectations Observations / Recommendations: Victoria's would benefit from communicating more closely with her provider contacts. There have been times when they have asked for information or updates to be done within IDX and they have not be completed on a timely basis and they have found gone to other PE reps for assistance
Responding, Thanking, and Sending.  Responding, Thanking, and Sending.  Responding to the sending	
patients/colleagues; involves patient/colleagues in discussions, listens detvery, some patient/colleague self-esteem.	
<ul> <li>Educates patients (clinical only)—Shares information with patients and their families to build understanding of available healthcare services, options, risks, and ways to attain optimum health; manages patient expectations.</li> </ul>	
Employee promotes the Code of Conduct.	⊠ Yes ☐ No
	Observations / Recommendations:
Employee adheres to the Code of Conduct.	<u> </u>
	Yes No
*In order to be eligible for a "Consistently Exceeds Expectations" rating, the employee must promote and adhere to the Code of Conduct.	If no, please explain:



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_ Evaluate Overall Pe			
detail and to check her work p immediately when she realizes Victoria needs to become more department to increase her lev	is being rated as not consistent rior to submitting government as that provider claims are in jeop e proficient in working her reject yel of understanding. It is also in	ly meeting expectations. Victor applications. It is important that pardy so that steps can be taken tion reports and also utilizing the important that when part of grown aring disengaged. Overall Victors oe not appear to be consistently	n to work through the problem. The resources within the The problem the proble
Does Not Meet  Expectations  The employee infrequently demonstrated job-specific competencies. The employee infrequently demonstrated UH Values and Core Behaviors. Few desired results were achieved.	Frequently Meets  Expectations  The employee frequently demonstrated job-specific competencies. The employee frequently demonstrated UH Values and Core Behaviors. Many desired results were achieved.	Consistently Meets Expectations  The employee consistently demonstrated job-specific competencies. The employee consistently demonstrated UH Values and Core Behaviors.  Most desired results were achieved.	Too New (< 6 months)  Consistently Exceeds Expectations  The employee consistently demonstrated job-specific competencies – usually beyond expectations.  The employee consistently demonstrated UH Values and Core Behaviors – usually beyond expectations.  Most desired results were achieved – usually beyond expectations.
Employee Comments  (b) Manusch   b)	Meonany		
6 Development Opp			
Ass Assault was seen as			
Employee Signature:	This temal	Manager Signature:	South
2/	10/10	Manager (Print Name): Ste	eve Riddle

PLEASE SEND TO HUMAN RESOURCES

Page 1 of 3

## Springer, Kathy

From: Fulton-Royer, Jill

Sent: Friday, July 27, 2012 10:09 AM

Tower Springer, Kathy
Subject: FW: Break Sign

Jill Fulton, LISW-S, LICDC Employee Assistance Manager University Hospitals Case Medical Center MCCO 6th Floor, Mail Stop 6035 B 11100 Euclid Ave Cleveland, Ohio 44106 Phone-216-844-1982; Fax-216-983-3038; Pager-30788; Cell Phone-216-408-9059

From: Morrison, Christina

Sent: Wednesday, July 25, 2012 12:12 PM

To: Fulton-Royer, Jill Subject: FW: Break Sign

This was the original sleeping at desk issue.

Tina Morrison
Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina Morrison@UHhospitals.org



From: Johnson, Sheryl L

Sent: Tuesday, July 17, 2012 1:41 PM To: Morrison, Christina; Riddle, Steve

Subject: FW: Break Sign

Please note!

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue



Page 2 of 3

Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

From: Johnson, Mictoria

Sent: Thursday, April 05, 2012 7:10 AM

To: Johnson, Sheryl L Cc: Morrison, Christina Subject: RE: Break Sign

Sheryl,

I verbally told you before your sending this email that I was on my break (rest period). Please inform those walking up and down the aisle that I sometimes will stay at my desk during my break just in case I do not put up a break sign, which I something I do only because I do not wish to be disturbed. I don't believe these signs are supplied by UH nor does everyone in our department use them when going on every break.

Also I stay at my desk in trying to work in the best interest of the company so that I do not miss any calls that could possibly come in from CGS when we are asked "if the provider can be reached at this number", although they cannot.

Again I am made to feel that management is creating a hostile work environment for me and I wish to be treated fairly as with the other employees in the department.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Sheryl L

Sent: Tuesday, April 03, 2012 3:36 PM

To: Johnson, Victoria Subject: Break Sign

Victoria – please place the break sign in a visible location so that people walking up and down the aisles are aware that you are on break. Several people mentioned that you were sleeping and did not see the break sign.

Thank you

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144

Page 3 of 3

FX: 216-383-6745

7/27/2012

UHCMC-Johnson 1009

Page 1 of 3

## Springer, Kathy

From: Fulton-Royer, Jill

Sent: Friday, July 27, 2012 10:13 AM

Subject: FW: Personal Information

Jill Fulton, LISW-S, LICDC Employee Assistance Manager University Hospitals Case Medical Center MCCO 6th Floor, Mail Stop 6035 B 11100 Euclid Ave Cleveland, Ohio 44106 Phone-216-844-1982; Fax-216-983-3038; Pager-30788; Cell Phone-216-408-9059

From: Morrison, Christina

Sent: Wednesday, July 25, 2012 12:09 PM

To: Fulton-Royer, Jill

Subject: FW: Personal Information

Tina Morrison
Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org



From: Johnson, Victoria

Sent: Wednesday, June 13, 2012 1:00 PM

To: Morrison, Christina

Subject: RE: Personal Information

I will be leaving at 4:30.

Thanks.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist



Page 2 of 3

24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Morrison, Christina

Sent: Wednesday, June 13, 2012 12:55 PM

To: Johnson, Victoria

Subject: RE: Personal Information

I'm happy to see she did acknowledge and apologize-and yes, I will talk with her. What time do you leave today?

Tina Morrison
Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org

University Hospitals
Physician Services

From: Johnson, Victoria

Sent: Wednesday, June 13, 2012 12:51 PM

To: Morrison, Christina

Subject: FW: Personal Information

Hi Tina,

Maybe you can talk to Sheryl later on when I leave. I do not want to be in her immediate area after talking to her as I cannot deal with any additional stress right now. How can she as a manager for hospital not know that any discussion regarding a patient or employee's private information should be held in a private setting?

Thanks.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Sheryl L

Sent: Wednesday, June 13, 2012 11:25 AM

7/27/2012

UHCMC-Johnson 1019

Page 3 of 3

To: Johnson, Victoria

Subject: RE: Personal Information

Victoria – I did not realize that my asking you if your were doing ok and if maybe the doctor could decrease your medication so that you were not having the effects that you are having was to be had in a private setting. I don't even know what you are taking, but from what you are saying, your system may not be adjusting. My apologies it I was out of line.

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

From: Johnson, Victoria

**Sent:** Wednesday, June 13, 2012 11:06 AM

To: Johnson, Sheryl L

Subject: Personal Information

Hi Sheryl,

With regard to the conversation we just had, I just wanted you to know that I do not want everyone to know that I am taking medication. I called you to let you know that in confidence and do not wish to discuss it at my desk where everyone around us can not hear it nor do I want it discuss with anyone.

#### Thanks.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Tuesday, July 24, 2012 4:39 PM

To: bronxvikki@aol.com

Subject: FW: Personal Information

Victoria – I did not realize that my asking you if your were doing ok and if maybe the doctor could decrease your medication so that you were not having the effects that you are having was to be had in a private setting. I don't even know what you are taking, but from what you are saying, your system may not be adjusting. My apologies it I was out of line.

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144

FX: 216-383-6745

From: Johnson, Victoria

**Sent:** Wednesday, June 13, 2012 11:06 AM

To: Johnson, Sheryl L

Subject: Personal Information

Hi Sheryl,

With regard to the conversation we just had, I just wanted you to know that I do not want everyone to know that I am taking medication. I called you to let you know that in confidence and do not wish to discuss it at my desk where everyone around us can hear it nor do I want it discussed with anyone.

#### Thanks.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org



## Morrison, Christina

From: Johnson, Victoria

Sent: Tuesday, July 17, 2012 8:57 AM

To: Morrison, Christina

Subject: RE: Medicare Applications

Okay, will see you when you get in.

- Why unethical/innoval
- Suggestions to change
- need to perform expectations
- apply - Firma
- other jobs

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Morrison, Christina

Sent: Tuesday, July 17, 2012 8:16 AM

To: Johnson, Victoria

**Subject:** RE: Medicare Applications

I was off site at meetings all day yesterday so I just read this. Stop by-have you applied for FMLA to assist you? Also, have you found any roles that may be less stressful for you to apply for?

Tina Morrison

Sr. Generalist, Human Resources

University Hospitals Physician Services

24701 Euclid Avenue

Euclid, Ohio 44117

Office 216-383-6759

Cell 440-474-3233

Fax 216-201-4544

Christina.Morrison@UHhospitals.org

University Hospitals
Physician Services

From: Johnson, Victoria

Sent: Tuesday, July 17, 2012 8:01 AM

To: Morrison, Christina

Subject: FW: Medicare Applications

Just wanted to make sure you received this email, I will stop by later.

Victoria D. Johnson

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Page 2 of 3

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Monday, July 16, 2012 2:37 PM

To: Riddle, Steve Cc: Morrison, Christina

Subject: FW: Medicare Applications

Steve.

Sorry I miss the meeting today, not sure if this issue was resolved today, however this has been an issue that has been brought up at our weekly meetings. While we in these department have been telling CGS that the doctors can be reached at this number although they cannot, and in which I have had reservations about lying since we incorporated this practice, I will not be participating in this unethical practice any longer for moral reasons. This has situation has impose additional stress and in turn affects my performance as it has made me feel that if I don't participate my job is at risk.

Additionally, I had conversations with my family this past weekend about my taking a prescribed medication (stress and antidepressants) in order to deal with the stress that I have endured in this department and they wish me to stop taking the medication as I as always been a healthy person and they are afraid of the side effects and long term use of the medication.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Riddle, Steve

**Sent:** Friday, June 29, 2012 12:14 PM

To: Hasselstrom, Jordan; Johnson, Sheryl L; Barnes, Bianca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Subject: RE: Medicare Applications

Lets make sure everyone who answers the phone...specifically for the MP billing services line that they recognize the area code(s) and answer the phone such that it is not determined that we are a billing company

## Steve Riddle

Director of Billing Services University Hospitals Physician Services (216) 383-6480 (216) 383-6745 Fax

From: Hasselstrom, Jordan

Sent: Friday, June 29, 2012 10:35 AM

To: Johnson, Sheryl L; Barnes, Blanca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Cc: Riddle, Steve

Subject: RE: Medicare Applications

Yes and yesterday they called to verify spoke to Monica- confirmed everything then denied the app and said we were a billing company  $\otimes$  We both sent her a nice detailed email telling her we were not and haven't heard a thing.

From: Johnson, Shervi L.

Sent: Friday, June 29, 2012 10:21 AM

To: Barnes, Bianca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Cc: Hasselstrom, Jordan; Riddle, Steve

Subject: Medicare Applications

Importance: High

Good Morning — I just wanted to send this reminder to let everyone know that CGS is **extremely critical** of the applications that are submitted. Bianca had 2 applications returned because the imprinted date in the bottom left hand corner on several of the pages were cut off when they were copied on the printer. I think this is completely ridiculous but this is CGS.

Please review your applications closely when submitting them. Who would have guessed that they would return an application because a date was cut off!

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144

FX: 216-383-6745

## Morrison, Christina

From: Morrison, Christina

Sent: Tuesday, July 17, 2012 1:29 PM

To: Johnson, Sheryl L; Riddle, Steve

Subject: RE: Question

I just went to see Victoria to see if she had a minute to talk and she was sleeping at her desk. I woke her up and asked her if she was okay. She said yes and she is just a little fired. I asked her if she was on break and she said yes.

I am not sure what the expectations are for your staff if they need to rest – if they are on paid break they can't leave the property and if they need to sleep, they need to go to their car or whatever when they clock out for unpaid breaks.

Did a communication go out to your staff about not sleeping at their desk even if on lunch break?

I asked Victoria to come talk to me so I'll get more details.

Tina Morrison

Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org

University Hospitals
Physician Services

From: Johnson, Sheryl L

**Sent:** Tuesday, July 17, 2012 11:40 AM

To: Riddle, Steve
Cc: Morrison, Christina
Subject: RE: Question
Importance: High

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Steve – I spoke with Tina this morning regarding the information that was reported regarding Victoria's sleeping. At Tina's request, I have asked the two individuals for witness statements. It has been advised that once the statements are obtained that we call Victoria in to inform her that it has been reported by two individuals (they are to remain anonymous) that she has been observed sleeping and that an anecdotal is being placed in her file. Also, Tina reports that the individuals who witnessed Victoria sleeping, should have gone to someone in Management to also witness the behavior and wake her up. Tina also inquired as to whether you had said anything about sleeping to the entire staff in a meeting. In my opinion, Victoria may construe her being told about her sleeping at her desk as one more stressor.

Additionally, if the behavior is witnessed again, I am to come to you, Human Resources or another individual in Upper Management (if you or HR is not available) to approach her, observe the behavior & wake her up.

Tina will also be talking to Victoria today about the email that she sent yesterday and her being

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asked to do something that she goes against her morals. Additionally, because of her reference to be on medications and her family concerns, Tina will ask if Victoria has considered FMLA.

Tina if there is anything that I have missed or if you want to add, please let me know.

Sheryl Tohnson

Provider Services Manager UHPS 24701 Euclid Avenue

Euclid, OH 44117 was a season to the first of the season o

PH: 216-692-1144 Service of the first of the

FX: 216-383-6745

From: Morrison, Christina

Sent: Tuesday, July 17, 2012 8:09 AM

To: Riddle, Steve Cc: Johnson, Sheryl L Subject: RE: Question

Stop by today Sheryl-we need to be cautious about hearsay. Thanks, he was to be cautious about hearsay.

Tina Morrison

Sr. Generalist, Human Resources

University Hospitals Physician Services

24701 Euclid Avenue

Euclid, Ohio 44117

Office 216-383-6759

Cell 440-474-3233

Fax 216-201-4544

Christina Morrison @UHhospitals.org

電影University Hospitals Physician Services

From: Riddle, Steve

Sent: Monday, July 16, 2012 10:35 PM

To: Morrison, Christina
Cc: Johnson, Sheryl L
Subject: RE: Question

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I am unavailable tomorrow all day due to meetings. Sheryl Johnson will provide details as she knows them from other employees...of course it happened when Sheryl was out of the office. de trata de la composito de esta de la compositoria de la compositoria de la compositoria de la compositoria d Martino de la compositoria de la compositoria de la compositoria de la compositoria de la compositoria de la c

Steve Riddle

Director of Billing Services

University Hospitals Physician Services (216) 383-6480

(216) 383-6745 Fax

Page 3 of 3

From: Morrison, Christina

Sent: Monday, July 16, 2012 8:24 PM

To: Riddle, Steve Subject: RE: Question

Lets talk about details tomorrow...looking for witness statements, manager statement, what was said to employee. I am at Rockwell tomorrow.

From: Riddle, Steve

Sent: Mon 7/16/2012 5:40 PM

To: Morrison, Christina Subject: Question

What is the official recourse if an employee is sleeping during work hours and it is clearly identified by manager or other employees?

Steve Riddle
Director of Billing Services
University Hospitals Physician Services
(216) 383-6480
(216) 383-6745 Fax

## Morrison, Christina

From:

Johnson, Shervi L.

Sent:

Tuesday, July 17, 2012 1:32 PM

To:

Riddle, Steve; Morrison, Christina

Subject:

FW: Question

Importance: High
Attachments: Doc9.doc

First statement

Sheryl Johnson Províder Services Manager UHPS 24701 Euclíd Avenue Euclíd, OH 44117 PH: 216-692~1144 FX: 216-383-6745

From: Johnson, Sheryl L

Sent: Tuesday, July 17, 2012 11:40 AM

To: Riddle, Steve Cc: Morrison, Christina Subject: RE: Question Importance: High

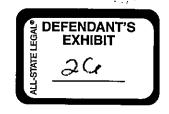
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Tina if there is anything that I have missed or if you want to add, please let me know.

Sheryl Johnson Províder Servíces Manager UHPS



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24701 Euclid Avenue Euclid. OH 44117 PH: 216-692-1144 FX: 216-383-6745

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Stop by today Sheryl-we need to be cautious about hearsay. Thanks.

Tina Morrison Sr. Generalist, Human Resources University Hospitals Physician Services 24701 Euclid Avenue Euclid, Ohio 44117 Office 216-383-6759 Cell 440-474-3233 Fax 216-201-4544 Christina.Morrison@UHhospitals.org

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The Marian Committee of the Committee of Sent: Monday, July 16, 2012 10:35 PM

To: Morrison, Christina Cc: Johnson, Sheryl L
Subject: RE: Question uion Periodici et el como de la filo de la como el como de la como el como el como el como el como el como el como e

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Steve Riddle Director of Billing Services Director of Billing Services
University Hospitals Physician Services (216) 383-6745 Fax

From: Morrison, Christina

Sent: Monday, July 16, 2012 8:24 PM

To: Riddle, Steve

Subject: RE: Question

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Page 3 of 3

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Sent: Mon 7/16/2012 5:40 PM

To: Morrison, Christina Subject: Question

What is the official recourse if an employee is sleeping during work hours and it is clearly identified by manager or other employees?

Steve Riddle Director of Billing Services University Hospitals Physician Services (216) 383-6480 (216) 383-6745 Fax

7/17/2012

To Sheryl Johnson From: Kristen Johnson Re: Victoria Johnson

On Friday, July 6, 2012, I was walking past Victoria's cubicle on my way to the printer area. I noticed Victoria sitting in her chair with her head on her arms on the desk. I could see that her eyes were closed. She was wearing her glasses but they were pushed a little off to the left side of her nose from the way her head was resting on her arms. Victoria had a blanket covering her shoulders and back. When I returned from the printer a few minutes later she was still in that position. I didn't say anything the first time I walked by. A while later, maybe ten or 15 minutes, I was going to the printer again and could see that she was in the same position as before.

I stood at the left end of her cubicle and said her name. I didn't want to startle her. She made no responses so I repeated her name twice again a little louder. She picked up her head after I called her the third time. She sat more upright, adjusted her glasses and then I asked her if she was all right. She said she was okay. I said I was just checking, and went back to my cubicle. I didn't see her in that position again that day.

I don't recall looking at my watch or anything else that would pinpoint the time.

From: Meisler, Carole

Sent: Tuesday, July 17, 2012 6:50 PM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: Query regarding Form CMS-855R, Section 2: B Correspondence Address

Hello Victoria-

Thank you for contacting the UH Compliance Department regarding the contact telephone number on Form CMS-855R, Section 2: B. Correspondence Address.

I contacted Cigna Government Services (CGS), the CMS authorized vendor, and inquired if a physician must answer the contact telephone number.

A CGS specialist explained there is no expectation that a physician would answer the contact telephone number.

In fact, the expectation is that a physician would not be answering the contact telephone number and that messages would be forwarded to the physician as needed.

The purpose for the contact telephone number is in order to verify information on the application. CGS recognizes that often support personnel will be able to handle these queries.

Thank you again for forwarding your concerns and please let me know if you have any other questions.

Carole Meisler Local Compliance Officer University Hospitals Physician Services 24701 Euclid Avenue Euclid, OH 44117 Office: 216.692.1971 FAX: 216.383.6738

carole.meisler@uhhospitals.org

DEFENDANT'S **EXHIBIT** 



July 19, 2012

UNIVERSITY HOSPITALS MEDICAL GROUP INC Attn: MS. VICTORIA JOHNSON 24701 EUCLID AVENUE EUCLID, OH 44117-1714

Re: Request for additional information - DR. JOSEPH A. STONE

Dear MS. VICTORIA JOHNSON:

We have received your Medicare enrollment application. In order to complete processing your application we are requesting the following revisions and/or supporting documentation. Consistent with regulations found at 42 CFR §424.525, we may reject this application if you do not furnish complete information within 30 calendar days of the date of this letter.

## Requested Revisions:

- We were unable to verify that the provider can be reached directly at the phone number provided in the "Correspondence Address" section of the CMS 855I Application. You must list a valid phone number where we can directly contact the provider in section 2B of the CMS 855I Application. Billing agency and management company phone numbers are not acceptable. Also, an unidentified voicemail will not be acceptable.
- Each time corrections are made to the application, a new signature page must be submitted acknowledging the change(s). Submit a newly signed and newly dated certification statement of the CMS 855I Application. Please note, a copy of a prior signature with a changed date will not be accepted.
- As an attempt to protect our provider/supplier community against fraud and identity
  theft, verification procedures are required on specific applications. Please fax or email
  a photocopy of a current passport or photocopy of a driver's license from the provider
  to confirm his or her identity.
- Please submit the requested information to the CGS Provider Enrollment department via email or fax. The fax number for Kentucky is 615.664.5915. The fax number for Ohio is 615.664.5925.

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Page 1 of 2



July 19, 2012

UNIVERSITY HOSPITALS MEDICAL GROUP INC Atm: MS. VICTORIA JOHNSON 24701 EUCLID AVENUE EUCLID, OH 44117-1714

Re: Request for additional information - MS. ANGELA M. CAPP

Dear MS. VICTORIA JOHNSON:

We have received your Medicare enrollment application. In order to complete processing your application we are requesting the following revisions and/or supporting documentation. Consistent with regulations found at 42 CFR §424.525, we may reject this application if you do not furnish complete information within 30 calendar days of the date of this letter.

# Requested Revisions:

- We were unable to verify that the provider can be reached directly at the phone number provided in the "Correspondence Address" section of the CMS 8551 Application. You must list a valid phone number where we can directly contact the provider in section 2B of the CMS 8551 Application. Billing agency and management company phone numbers are not acceptable. Also, an unidentified voicemail will not be acceptable.
- Each time corrections are made to the application, a new signature page must be submitted acknowledging the change(s). Submit a newly signed and newly dated certification statement of the CMS 855I Application. Please note, a copy of a prior signature with a changed date will not be accepted.
- CMS has established criteria for determining the eligibility of non-physician practitioners for enrollment and reimbursement under Part B of the Medicare program. A copy of the non physician practitioner's degree, certificate or transcript demonstrating that requirements were met for the practitioner's specialty must be submitted. You may fax or email the document.
- Please submit the requested information to the CGS Provider Enrollment department via email or fax. The fax number for Kentucky is 615.664.5915. The fax number for Ohio is 615.664.5925.

DEFENDANT'S EXHIBIT

CIVIS VJ000233

#### Johnson, Victoria

From: Johnson, Victoria

Sent: Tuesday, July 24, 2012 7:27 AM

To: Riddle, Steve; Johnson, Sheryl L; Meisler, Carole; Wahl, Cheryl

Subject: FW: Pankaj Gupta

Hi All.

While Carole explained yesterday that we can answer the phone here at the Central Billing Office for the providers, I received the email below from the support team at CGS advising us differently.

Carole can you please tell me who you spoke with that suggested we continue to take calls here in the office.

I have a close friend that works for HHS/OIG who I called last night to verify what CGS is telling us although it has been listed below from their Program Integrity Manual. Just waiting to hear from him.

I will forward this to our team.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 1:59 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,



I have checked with my support team, and I was advised that the provider has to be able to be reached

directly at the number. I have listed what the Program Integrity Manual states below:

15.5.2.2 - Correspondence Address

(Rev. 414, Issued: 04-06-12, Effective: 05-07-12, Implementation: 05-07-12)

#### A. Background

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the provider is enrolled in the Medicare program. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

The contractor shall call the telephone number listed in this section to verify that the contractor can directly contact the applicant. If an answering service appears and the contractor can identify it as the applicant's personal service, it is not necessary to talk directly to the applicant or an official thereof. The contractor only needs to verify that the applicant can be reached at this number.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 12:05 PM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

I guess our Compliance Officer said it is okay for us to answer the phone and verify that the doctor can be reached here and we should pass on a message to the doctor. Please verify that this is correct.

Thanks for your assistance.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 1:00 PM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Hello Victoria,

I am going to forward this information to or support team and wait for a reply from support.

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.orq]

Sent: Monday, July 23, 2012 11:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

My Managers Sheryl Johnson, Steve Riddle and our Compliance Officer Carole Meisler.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 12:51 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

May I ask who told you to keep using that number and address?

Page 4 of 9

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:50 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

This is what I am interpreting however I have been told to continue to use this address and telephone number, can you verify with your Supervisor and Manager.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 12:46 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria

The address listed in section 2 cannot be of the billing service (see that section of the application) we need a valid correspondence address and phone number for the provider in this section and we will have to be able to reach the provider at that number listed.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:36 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Page 5 of 9

Hi Shamekia,

With regard to section 2b, and your question if the provider can be reached directly at this location. The providers can not be reached here as this is the office where we enroll the providers and provide in house billing services for them. The practice location is 11100 Euclid Avenue. Cleveland, Ohio 44106. How do we address this issue if the provider cannot be reached here?

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA, MCLAUGHLIN@cgsadmin.com [mailto: SHAMEKIA, MCLAUGHLIN@cgsadmin.com]

Sent: Friday, July 20, 2012 8:28 AM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Good morning!

I will give you a call in about 30 minutes and explain if that is ok with you.

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Friday, July 20, 2012 6:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Hi Shamekia,

Can you please clarify what CGS expectations are when asking if the provider can be reached at this number and what number should be listed in section 2b?

I will have the provider comply.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Thursday, July 19, 2012 4:04 PM

**To:** Johnson, Victoria **Subject:** Pankaj Gupta

Hello Victoria,

I am processing the application for Pankaj Gupta, and I need some corrections to the application before I can process it. I will need a valid number to be placed in section 2b; the corrections require a new signed and dated section 15. The requested information may be faxed to 615-664-5925; I have provided my contact information below if you should have any questions.

Thanks!

Shamekia Mclaughlin CGS Provider Enrollment Two Vantage Way Nashville, TN 37228-1514 615-660-5226 KY fax# 615-664-5915

Page 7 of 9

OH fax # 615-664-5925

Online Provider Enrollment Application Status

Thank You in Advance!

Want to stay abreast of CGS updates and changes in Medicare? Join our <u>ListServ!</u>

You can check the status of your application at:

http://www.cgsmedicare.com/medicare\_dynamic/PE/Login.asp

CMS-855I (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855i.pdf">http://www.cms.gov/cmsforms/downloads/cms855i.pdf</a>
CMS-855R (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855b.pdf">http://www.cms.gov/cmsforms/downloads/cms855r.pdf</a>
CMS 588 (revised 05/10)(EFT Agreement): <a href="http://www.cms.gov/cmsforms/downloads/CMS588.pdf">http://www.cms.gov/cmsforms/downloads/CMS588.pdf</a>
CMS 460 (revised 04/10)(Participation Agreement):

http://www.cms.gov/cmsforms/downloads/cms460.pdf

<u>For applications in process</u>: to expedite the processing please remember to include your reference number on all communications to CGS

Want to stay abreast of CGS updates and changes in Medicare? Join our ListServ!

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Federal and Ohio law protect patient medical information, including psychiatric\_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug\_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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From: Johnson, Victoria

Sent: Tuesday, July 24, 2012 1:24 PM

To: bronxvikki@aol.com Subject: FW: Pankaj Gupta

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Tuesday, July 24, 2012 7:27 AM

To: Riddle, Steve; Johnson, Sheryl L; Meisler, Carole; Wahl, Cheryl

Subject: FW: Pankaj Gupta

Hi All,

While Carole explained yesterday that we can answer the phone here at the Central Billing Office for the providers, I received the email below from the support team at CGS advising us differently.

Carole can you please tell me who you spoke with that suggested we continue to take calls here in the office.

I have a close friend that works for HHS/OIG who I called last night to verify what CGS is telling us although it has been listed below from their Program Integrity Manual. Just waiting to hear from him.

I will forward this to our team.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

9/27/2012



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Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

**Sent:** Monday, July 23, 2012 1:59 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

I have checked with my support team, and I was advised that the provider has to be able to be reached directly at the number. I have listed what the Program Integrity Manual states below:

# 15.5.2.2 - Correspondence Address

(Rev. 414, Issued: 04-06-12, Effective: 05-07-12, Implementation: 05-07-12)

#### A. Background

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the provider is enrolled in the Medicare program. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

The contractor shall call the telephone number listed in this section to verify that the contractor can directly contact the applicant. If an answering service appears and the contractor can identify it as the applicant's personal service, it is not necessary to talk directly to the applicant or an official thereof. The contractor only needs to verify that the applicant can be reached at this number.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 12:05 PM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

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Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cqsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cqsadmin.com]

Sent: Monday, July 23, 2012 1:00 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

I am going to forward this information to or support team and wait for a reply from support.

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.orq]

Sent: Monday, July 23, 2012 11:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

My Managers Sheryl Johnson, Steve Riddle and our Compliance Officer Carole Meisler.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 12:51 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

May I ask who told you to keep using that number and address?

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:50 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

This is what I am interpreting however I have been told to continue to use this address and telephone number, can you verify with your Supervisor and Manager.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 12:46 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria

The address listed in section 2 cannot be of the billing service (see that section of the application) we need a valid correspondence address and phone number for the provider in this section and we will have to be able to reach the provider at that number listed.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.orq]

Sent: Monday, July 23, 2012 11:36 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Hi Shamekia,

With regard to section 2b, and your question if the provider can be reached directly at this location. The providers can not be reached here as this is the office where we enroll the providers and provide in house billing services for them. The practice location is 11100 Euclid Avenue. Cleveland, Ohio 44106. How do we address this issue if the provider cannot be reached here?

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cqsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cqsadmin.com]

. ... . . . . .

Sent: Friday, July 20, 2012 8:28 AM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Good morning!

I will give you a call in about 30 minutes and explain if that is ok with you.

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Friday, July 20, 2012 6:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Hi Shamekia,

Can you please clarify what CGS expectations are when asking if the provider can be reached at this number and what number should be listed in section 2b?

I will have the provider comply.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Thursday, July 19, 2012 4:04 PM

To: Johnson, Victoria Subject: Pankaj Gupta

a ugo i oa i

Hello Victoria,

I am processing the application for Pankaj Gupta, and I need some corrections to the application before I can process it. I will need a valid number to be placed in section 2b; the corrections require a new signed and dated section 15. The requested information may be faxed to 615-664-5925; I have provided my contact information below if you should have any questions.

Thanks!

Shamekia Mclaughlin CGS Provider Enrollment Two Vantage Way Nashville, TN 37228-1514 615-660-5226 KY fax# 615-664-5915 OH fax # 615-664-5925 Online Provider Enrollment Application Status

Thank You in Advance!

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http://www.cqsmedicare.com/medicare\_dynamic/PE/Login.asp

CMS-855I (revised 07/11) can be found: <a href="http://www.cms.qov/cmsforms/downloads/cms855i.pdf">http://www.cms.qov/cmsforms/downloads/cms855i.pdf</a> CMS-855R (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855b.pdf">http://www.cms.gov/cmsforms/downloads/cms855i.pdf</a> CMS 588 (revised 05/10)(EFT Agreement): <a href="http://www.cms.gov/cmsforms/downloads/CMS588.pdf">http://www.cms.gov/cmsforms/downloads/CMS588.pdf</a> CMS 460 (revised 04/10)(Participation Agreement):

http://www.cms.gov/cmsforms/downloads/cms460.pdf

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# Morrison, Christina

From:

Meisier, Carole

Sent:

Tuesday, July 24, 2012 10:14 AM

To:

Johnson, Victoria

Cc:

Riddle, Steve; Morrison, Christina; Johnson, Sheryl L.

Subject:

Shamekia is calling in 15 minutes

Importance: High

#### Hello Victoria-

I spoke to Shamekia' supervisor.

The CGS supervisor directed the following to done in order to prevent delay that is occurring in this process- both for UHSP and CGS.

Shamekia will be calling you in 15 minutes. She will ask you if the provider can be reached at the telephone number on the application.

Per the Supervisor - Tell Shamekia that the provider will not pick up the telephone but as part of your job description, you get any message to him/her, that you will contact the provider for CGS as part of you job.

#### Carole Meisler

Local Compliance Officer University Hospitals Physician Services 24701 Euclid Avenue Euclid, OH 44117

Office: 216.692.1971 FAX: 216.383.6738

carole.meisler@uhhospitals.org

ALL-STATE LEGAL ALL-STATE LEGAL

From:

Johnson, Victoria

Sent:

Tuesday, July 24, 2012 12:48 PM

To:

bronxvikki@aol.com

Subject: FW: Pankaj Gupta

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Tuesday, July 24, 2012 12:46 PM To: 'SHAMEKIA.MCLAUGHLIN@cgsadmin.com'

Subject: RE: Pankaj Gupta

Hi Shamekia,

Sorry,

I could not verify that the provider can be reached at this number or is located at this building. Please note my return email information below, the number listed on the application is that of my desk. If you wish to call back I will not answer and my name will be identified on my voicemail.

I can however forward a message to them.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

9/27/2012



Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 104 of 155. PageID #: 1780

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24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 3:22 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

My supervisors name is Paula Paty and her number is 782-4500 ext 2444583, I will be advising her on the issue. I have listed my contact information below if you should have any other questions.

Thanks!

Shamekia Mclaughlin
CGS
Provider Enrollment
Two Vantage Way
Nashville, TN 37228-1514
615-660-5226
KY fax# 615-664-5915
OH fax # 615-664-5925
Online Provider Enrollment Application Status

Thank You in Advance!

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You can check the status of your application at:

http://www.cgsmedicare.com/medicare\_dynamic/PE/Login.asp

CMS-855I (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855i.pdf">http://www.cms.gov/cmsforms/downloads/cms855i.pdf</a>
CMS-855R (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855p.pdf">http://www.cms.gov/cmsforms/downloads/cms855p.pdf</a>
CMS-8588 (revised 05/10)(EFT Agreement): <a href="http://www.cms.gov/cmsforms/downloads/CMS588.pdf">http://www.cms.gov/cmsforms/downloads/CMS588.pdf</a>

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CMS 460 (revised 04/10)(Participation Agreement): http://www.cms.gov/cmsforms/downloads/cms460.pdf

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From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 2:17 PM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

That is how I have always interpret that, I am not sure where our Compliance Officer is getting her information from, however she asked that we asked to get a supervisor's name if we have trouble enrolling any provider. I have always had reservations about putting our own phone numbers simply by what section 2b states.

This needs to be addressed by management as all of the provider enrollment representatives follow the same procedure. Is there anyway your management can follow up on this matter.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

1 450 7 01 11

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 1:59 PM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Hello Victoria,

I have checked with my support team, and I was advised that the provider has to be able to be reached directly at the number. I have listed what the Program Integrity Manual states below:

## 15.5.2.2 – Correspondence Address

(Rev. 414, Issued: 04-06-12, Effective: 05-07-12, Implementation: 05-07-12)

## A. Background

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the provider is enrolled in the Medicare program. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

The contractor shall call the telephone number listed in this section to verify that the contractor can directly contact the applicant. If an answering service appears and the contractor can identify it as the applicant's personal service, it is not necessary to talk directly to the applicant or an official thereof. The contractor only needs to verify that the applicant can be reached at this number.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 12:05 PM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

I guess our Compliance Officer said it is okay for us to answer the phone and verify that the doctor can be reached here and we should pass on a message to the doctor. Please verify that this is correct.

Thanks for your assistance.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA,MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 1:00 PM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Hello Victoria,

I am going to forward this information to or support team and wait for a reply from support.

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

My Managers Sheryl Johnson, Steve Riddle and our Compliance Officer Carole Meisler.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 108 of 155. PageID #: 1784

LABOUULLE

From: SHAMEKIA.MCLAUGHLIN@cqsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cqsadmin.com]

Sent: Monday, July 23, 2012 12:51 PM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Hello Victoria,

May I ask who told you to keep using that number and address?

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:50 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

This is what I am interpreting however I have been told to continue to use this address and telephone number, can you verify with your Supervisor and Manager.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

Sent: Monday, July 23, 2012 12:46 PM

**To:** Johnson, Victoria **Subject:** RE: Pankaj Gupta

Hello Victoria

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 109 of 155. PageID #: 1785

rake i or rr

The address listed in section 2 cannot be of the billing service (see that section of the application) we need a valid correspondence address and phone number for the provider in this section and we will have to be able to reach the provider at that number listed.

Thanks!

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Monday, July 23, 2012 11:36 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Hi Shamekia,

With regard to section 2b, and your question if the provider can be reached directly at this location. The providers can not be reached here as this is the office where we enroll the providers and provide in house billing services for them. The practice location is 11100 Euclid Avenue. Cleveland, Ohio 44106. How do we address this issue if the provider cannot be reached here?

Victoria D. Johnson

University Hospitals Medical Group, Inc.

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24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cgsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cgsadmin.com]

**Sent:** Friday, July 20, 2012 8:28 AM

To: Johnson, Victoria Subject: RE: Pankaj Gupta

Good morning!

I will give you a call in about 30 minutes and explain if that is ok with you.

TARCOULTE

From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

Sent: Friday, July 20, 2012 6:56 AM

To: SHAMEKIA MCLAUGHLIN Subject: RE: Pankaj Gupta

Hi Shamekia,

Can you please clarify what CGS expectations are when asking if the provider can be reached at this number and what number should be listed in section 2b?

I will have the provider comply.

Thanks.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

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Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: SHAMEKIA.MCLAUGHLIN@cqsadmin.com [mailto:SHAMEKIA.MCLAUGHLIN@cqsadmin.com]

**Sent:** Thursday, July 19, 2012 4:04 PM

**To:** Johnson, Victoria **Subject:** Pankaj Gupta

Hello Victoria,

I am processing the application for Pankaj Gupta, and I need some corrections to the application before I can process it. I will need a valid number to be placed in section 2b; the corrections require a new signed and dated section 15. The requested information may be faxed to 615-664-5925; I have provided my contact information below if you should have any questions.

Thanks!

Shamekia Mclaughlin
CGS
Provider Enrollment
Two Vantage Way
Nashville, TN 37228-1514
615-660-5226
KY fax# 615-664-5915
OH fax # 615-664-5925
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http://www.cgsmedicare.com/medicare\_dynamic/PE/Login.asp

CMS-855I (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855i.pdf">http://www.cms.gov/cmsforms/downloads/cms855i.pdf</a>
CMS-855R (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855b.pdf">http://www.cms.gov/cmsforms/downloads/cms855r.pdf</a>
CMS-855B (revised 07/11) can be found: <a href="http://www.cms.gov/cmsforms/downloads/cms855b.pdf">http://www.cms.gov/cmsforms/downloads/cms855b.pdf</a>
CMS 588 (revised 05/10)(EFT Agreement): <a href="http://www.cms.gov/cmsforms/downloads/cms460.pdf">http://www.cms.gov/cmsforms/downloads/cms460.pdf</a>
<a href="http://www.cms.gov/cmsforms/downloads/cms460.pdf">http://www.cms.gov/cmsforms/downloads/cms460.pdf</a>

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From: Johnson, Victoria

Sent: Thursday, July 26, 2012 9:04 AM

To: bronxvikki@aol.com

Subject: FW: Medicare application ref#155649 Dr. Joseph Stone

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Thursday, July 26, 2012 9:04 AM

To: Morrison, Christina Cc: Sunagel, Angelique

Subject: FW: Medicare application ref#155649 Dr. Joseph Stone

Christina,

Please see attached email I sent to Steve requesting a copy of my performance review and copies of corrective actions that were presented to my during my meeting with Steve and Sheryl this year.

I have not received a response from Steve.

Please send to my home via certified mail.

Thank you.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Monday, July 23, 2012 7:06 AM

**To:** Johnson, Victoria; Riddle, Steve; Johnson, Sheryl L; Wahl, Cheryl **Subject:** RE: Medicare application ref#155649 Dr. Joseph Stone

Steve & Sheryl

9/27/2012



1 UEU 2 01 J

I want to reiterate that I need a phone number to populate in Section 2b that is in compliance with Medicare. Your phone number is also located at CBO, I know during our weekly meetings the ongoing joke is that the Provider Enrollment team will one day be walking out of here in pink and orange jailhouse jumpsuits which I no longer find amusing.

Also would you please send me a copy of my performance review as I never received a copy.

I would also like a copy of the two corrective actions that were presented to me after my review that were referencing Providers Afreen Moonda and Elizabeth Schuld.

I would like to have this in writing.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Friday, July 20, 2012 11:56 AM

To: Riddle, Steve; Johnson, Sheryl L; Wahl, Cheryl

Subject: RE: Medicare application ref#155649 Dr. Joseph Stone

Sheryl,

Thanks for verbally instructing me to use your phone number on the applications, I will now use it from now on. I will confirm this at our meeting Monday.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Friday, July 20, 2012 10:50 AM

To: Riddle, Steve; Johnson, Sheryl L; Wahl, Cheryl

Subject: FW: Medicare application ref#155649 Dr. Joseph Stone

Please advise which number we should use. As the existing number that we have been using is not a valid number. I no longer want to participate in telling CGS that the provider can be reached at this location as most of them are located at main campus.

Thanks.

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 116 of 155. PageID #: 1792

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Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: ANDREW.BAUMANN@cgsadmin.com [mailto:ANDREW.BAUMANN@cgsadmin.com]

Sent: Friday, July 20, 2012 9:50 AM

To: Johnson, Victoria

Subject: RE: Medicare application ref#155649 Dr. Joseph Stone

Good morning Victoria,

For section 2B the phone number should be a number that either a voicemail or a person can identify that the number is a valid number to contact a provider. So either a home number that the voicemail identifies the provider or at the location where the providers will be working. If you have any other questions please feel free to ask.

Thank you,

Andrew Baumann
Provider Enrollment
CGS Administrators, LLC
Two Vantage Way, Nashville, TN 37228
Phone: 615.660.5293

email: andrew.baumann@cgsadmin.com

Check the status of your enrollment application: Online Provider Enrollment Application Status
Want to stay abreast of CGS updates and changes in Medicare? Join our <u>ListServ</u>!
For applications in process: to expedite the processing please remember to include your reference number on all communications to CGS

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From: Johnson, Victoria [mailto:Victoria.Johnson@UHhospitals.org]

**Sent:** Friday, July 20, 2012 7:32 AM

To: ANDREW BAUMANN

**Subject:** RE: Medicare application ref#155649 Dr. Joseph Stone

Good morning Andrew,

Can you please clarify what CGS expectations are when asking if the provider can be reached directly at this

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 117 of 155. PageID #: 1793

LUMBO I VALU

number and what number should be listed in section 2b?

I will have the provider comply.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: ANDREW.BAUMANN@cgsadmin.com [mailto:ANDREW.BAUMANN@cgsadmin.com]

Sent: Thursday, July 19, 2012 3:09 PM

To: Johnson, Victoria

Subject: Medicare application ref#155649 Dr. Joseph Stone

Good afternoon Victoria,

The information that is requested in the attachment is needed to complete the process of the application. Please only submit the fields/selections that are requested. This information must be submitted on newly downloaded pages of the application. You can email me the information at: <a href="mailto:Andrew.baumann@cgsadmin.com">Andrew.baumann@cgsadmin.com</a> or fax the information to: 615-664-5925.

Thank you.

Andrew Baumann
Provider Enrollment
CGS Administrators, LLC
Two Vantage Way, Nashville, TN 37228
Phone: 615.660.5293

email: andrew.baumann@cgsadmin.com

Check the status of your enrollment application: Online Provider Enrollment Application Status
Want to stay abreast of CGS updates and changes in Medicare? Join our <u>ListServ!</u>
For applications in process: to expedite the processing please remember to include your reference number on all communications to CGS

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any responsibility for unauthorized disclosure of this information to anyone other than the addressee.

Federal and Ohio law protect patient medical information, including psychiatric\_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug\_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Page 1 of 8

### Springer, Kathy

From:

Fulton-Royer, Jill

Sent:

Friday, July 27, 2012 10:13 AM

Tomass Springer, Kathy

Subject: FW: Angela Capp, AA (Entry#155807)

Jill Fulton, LISW-S, LICDC Employee Assistance Manager University Hospitals Case Medical Center MCCO 6th Floor, Mail Stop 6035 B 11100 Euclid Ave Cleveland, Ohio 44106 Phone-216-844-1982; Fax-216-983-3038; Pager-30788; Cell Phone-216-408-9059

From: Morrison, Christina

Sent: Wednesday, July 25, 2012 12:08 PM

To: Fulton-Royer, Jili

Cc: Riddle, Steve; Johnson, Sheryl L

Subject: FW: Angela Capp, AA (Entry#155807)

Tina Morrison Sr. Generalist, Human Resources University Hospitals Physician Services 24701 Euclid Avenue Euclid, Ohio 44117 Office 216-383-6759 Cell 440-474-3233 Fax 216-201-4544

Christina.Morrison@UHhospitals.org

University Hospitals Physician Services

From: Riddle, Steve

Sent: Wednesday, July 25, 2012 9:27 AM

To: Morrison, Christina

Subject: FW: Angela Capp, AA (Entry#155807)

As requested

Steve Riddle **Director of Billing Services University Hospitals Physician Services** (216) 383-6480



Page 2 of 8

### (216) 383-6745 Fax

From: Johnson, Sheryl L.

Sent: Friday, July 20, 2012 10:34 AM

To: Riddle, Steve

Subject: TW: Angela Capp; AA (Entry#155807)

Hallestelle and

I held off giving Victoria the directive to use my phone number until, the outcome of her meeting with Tina and also finding out that she sent to compliance. Based on the fact that we are doing nothing wrong, am I to assume that she is still not going to use her own number on the applications? Should this be part of the discussion when Carole attends the meeting on Monday?

Thank you

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

From: Johnson, Victoria

Sent: Friday, July 20, 2012 10:22 AM

To: Meisler, Carole

Cc: Wahl, Cheryl; Riddle, Steve; Johnson, Sheryl L Subject: RE: Angela Capp, AA (Entry#155807)

Not sure what processes Steve and Sheryl have relayed to you, however I will wait to hear from Steve as to what number we should be using. Please ask him to send it in writing.

Thank you very much.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Friday, July 20, 2012 10:10 AM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Great-S

So that we are all on the same page.

Follow the directives of your UHPS supervisor regarding the application section dealing with contact information.

7/27/2012

UHCMC-Johnson 1011

VJ000088 CONFIDENTIAL

Page 3 of 8

I have educated Sheryl and Steve that their processes are correct.

From: Johnson, Victoria

Sent: Friday, July 20, 2012 10:00 AM

To: Meisler, Carole....

Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

I did not say CGS ordered us to use that number, I said Kim said may use the hospital operator and we would be in compliance if we did. (See her response below.) Nowhere in my email did I say they ordered me to use the hospital number.

In your email, you did not say we should not use the main hospital number.

Good New!!

I just spoke to Ms. Kim.

Per Ms.Kim, there is no problem for UH to use UH's telephone numbers as a contact number in the application

Please do not accuse me of changing the department policy as I have not changed any department processes. I only suggested to you to let Steve Riddle know that this is their policy.

Please clarify with Steve which number other than the Central Billing Office we should be using as the existing number is not in compliance?

Per Kim,

You may use the hospital operator number as long as they will verify that the provider can be reached at that number.

Un Kim
Provider Enrollment Analyst
CGS Administrators LLC
phone: 615.800.8931, ext. 2248

email: un.kim@cgsadmin.com fax numbers: (OH) 615.664.5925 (KY) 615.664.5915

Thanks.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117

Page 4 of 8

Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Friday, July 20, 2012 9:12 AM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

CGS did not order you to use the hospital number. UH can-however, that is up to UH operations.

Please do not change Dept processes without an OK from you supervisor.

From: Johnson, Victoria

Sent: Friday, July 20, 2012 9:07 AM

To: Meisler, Carole Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Just received email from Kim CGS, stating we can populate the application with the main hospital number per CGS. Please let Steve Riddle know that this is their policy as we can no longer use CBO's phone number. I am sure the department will be happy to hear this.

Thanks for your help.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Friday, July 20, 2012 8:49 AM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Why "have the providers complete Section 2B themselves as we have been populating this information on the application for them?"

From: Johnson, Victoria

Sent: Friday, July 20, 2012 8:45 AM

To: Melsler, Carole Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Page 5 of 8

I am not sure I understand your question.

Victoria D. Johnson

University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-5614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Friday, July 20, 2012 8:37 AM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Why?

From: Johnson, Victoria

Sent: Friday, July 20, 2012 7:39 AM

To: Meisler, Carole Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

I will also have the providers complete Section 2B themselves as we have been populating this information on the application for them.

Thanks again.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Friday, July 20, 2012 7:09 AM

To: Meisler, Carole Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Thanks, I will call them to make sure I am interpreting CGS's expectations correctly.

Victoria D. Johnson

7/27/2012

UHCMC-Johnson 1014

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University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue

Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Thursday, July 19, 2012 4:58 PM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Importance: High

Hello Victoria-

Good New!!

I just spoke to Ms. Kim.

Per Ms.Kim, there is no problem for UH to use UH's telephone numbers as a contact number in the application.

There is no expectation that a physician will answer the telephone directly.

For example, per Ms. Kim, she works with a large hospital system that provides the Hospital's main telephone number and the Hospital Operator answers the telephone.

FYI-I was very clear with her regarding your concerns and she assured me that UH complies with CGS's expectations.

Thank you again for bringing this to UH Compliance Dept.

From: Johnson, Victoria

Sent: Thursday, July 19, 2012 4:19 PM

To: Meisler, Carole Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

### Hi Carole.

I am not confused. The Provider Enrollment team is using the current form, otherwise CGS would clearly reject it. We have not just started processing these applications and this issue has been discussed many times at our weekly meetings.

Yes, the application does not state "Section 2B: Please list a valid correspondence phone number where the provider can be reached directly. If noone is available to answer the phone when called, the voicemail greeeting should clearly state the provider's name"

We are aware that if no one answers the phone it then has to go to the provider's voicemail. I asked the representative to send that to me in writing so that I could forward it to you in detail what their expectations are. Bottom line is that they cannot be reached directly at this number and if they were to call the number we put on the application and no one answered the voicemail greeting would not be one of the provider.

You can contact CGS for any other clarifications.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099

Page 7 of 8

- L. - ....

.....

216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Meisler, Carole

Sent: Thursday, July 19, 2012 3:40 PM

To: Johnson, Victoria Cc: Wahl, Cheryl

Subject: RE: Angela Capp, AA (Entry#155807)

Hello Victoria-

I understand your confusion.

CGS is giving conflicting information. I went on line and looked at Form 855I page 5, Section 2 B.

Correspondence Address and the current form does not state:

Section 28: Please list a valid correspondence phone number where the provider can be reached directly. If noone is available to answer the phone when called, the voicemail greeeting should clearly state the provider's name.

The current CMS 855I states- "Provide contact information for the person shown in Section 2A above. Once enrolled, the information provided below will be used by the fee-for service contractor if it needs to contact you directly....."

It looks like they forwarded an old form to youl

Per CGS, physician's support staff can answer the phone and give a message to the physician.

Any other questions?

From: Johnson, Victoria

Sent: Thursday, July 19, 2012 3:09 PM

To: Meisler, Carole Cc: Wahl, Cheryl

Subject: FW: Angela Capp, AA (Entry#155807)

This confirms my previous email.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: UN.KIM@cgsadmin.com [mailto:UN.KIM@cgsadmin.com]

Sent: Thursday, July 19, 2012 3:01 PM

To: Johnson, Victoria

Subject: Angela Capp, AA (Entry#155807)

Ms. Johnson,

Per our phone conversation, please find attached a letter requesting additional information needed to complete Ms. Capp's Medicare enrollment application. A summary of the requested information is also listed below.

7/27/2012

UHCMC-Johnson 1016

Page 8 of 8

You may access the Medicare enrollment application and certification pages from the CMS website at www.cms.gov/MedicareProviderSupEnroll as needed.

Please return the following documents by email to un.kim@cgsadmin.com or fax to 615-664-5925. া পট্ডানজন্ম -

### CMS 855I:

Section 2B: Please list a valid correspondence phone number where the provider can be reached directly. If noone is available to answer the phone when called, the voicemail greeeting should clearly state the provider's name.

Section 15: Please submit a newly signed and dated certification statement. This page must be submitted with any corrections to the application and must be a new signature and date.

### Attachments:

Copy of masters degree for anesthesiologist assistant training.

Please return the requested documents by email to un.kim@cgsadmin.com or fax to 615-664-5925, Attn: Un Kim, Reference#155807.

PLEASE NOTE: You must submit all requested corrections within 30 days from the date of the letter or your application may be rejected.

Thank you for your prompt attention to this request!

Un Kim

Provider Enrollment Analyst

CGS Administrators LLC

phone: 615.800.8931, ext. 2248 email: un.kim@cgsadmin.com

fax numbers: (OH) 615.664.5925

(KY) 615.664.5915

Please consider the environment before printing this message.

Check your application status here: Online Provider Enrollment Application Status

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Page 1 of 2

### Springer, Kathy

From:

Fulton-Royer, Jill

Sent:

Friday, July 27, 2012 10:12 AM

To:

Springer, Kathy.

Subject: FW: Leave

Jill Fulton, LISW-S, LICDC Employee Assistance Manager University Hospitals Case Medical Center MCCO 6th Floor, Mail Stop 6035 B 11100 Euclid Ave Cleveland, Ohio 44106 Phone-216-844-1982; Fax-216-983-3038; Pager-30788; Cell Phone-216-408-9059

From: Morrison, Christina

Sent: Wednesday, July 25, 2012 12:09 PM

To: Fulton-Royer, Jill Subject: FW: Leave

Tina Morrison
Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org



From: Johnson, Sheryl L

Sent: Friday, July 20, 2012 12:30 PM

To: Johnson, Victoria Subject: RE: Leave

Ok, feel better.

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue



Page 2 of 2

. .....

Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

Fröhn: Johnson, Victoria Sent: Friday, July 20, 2012 12:23 PM
To: Johnson, Sheryl L

To: Johnson, Sheryl Subject: Leave

Hì Sheryl,

क्रिक्त leaving to go home as I have afficiadache and blurred vision...

Thanks.

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

Page 1 of 2

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### Springer, Kathy

From:

Fulton-Royer, Jill

Sent:

Friday, July 27, 2012 10:09 AM

To:

Springer: Kethy:

Subject: FW: Policy Clarification: Sleeping at workstations

Jill Fulton, LISW-S, LICDC Employee Assistance Manager University Hospitals Case Medical Center MCCO 6th Floor, Mail Stop 6035 B 11100 Euclid Ave Cleveland, Ohio 44106 Phone-216-844-1982; Fax-216-983-3038; Pager-30788; Cell Phone-216-408-9059

From: Morrison, Christina

Sent: Wednesday, July 25, 2012 12:11 PM

To: Fulton-Royer, Jill

Subject: FW: Policy Clarification: Sleeping at workstations

Tina Morrison
Sr. Generalist, Human Resources
University Hospitals Physician Services
24701 Euclid Avenue
Euclid, Ohio 44117
Office 216-383-6759
Cell 440-474-3233
Fax 216-201-4544
Christina.Morrison@UHhospitals.org



From: Johnson, Victoria

Sent: Monday, July 23, 2012 9:30 AM

To: Riddle, Steve Cc: Morrison, Christina

Subject: RE: Policy Clarification: Sleeping at workstations

Please note that drowsiness is a side effect that I am experiencing while taking my prescribed stress medication.

Drowsiness refers to feeling abnormally sleepy during the day. People who are drowsy may fall asleep in inappropriate situations or at inappropriate times.

DEFENDANT'S EXHIBIT

37

Page 2 of 2

Victoria D. Johnson
University Hospitals Medical Group, Inc.
Provider Enrollment Specialist
24701 Euclid Avenue
Euclid, Ohio 44117
Mailstop:NET6099
216-383-6614 Desk
216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Riddle, Steve

Sent: Monday, July 23, 2012 9:17 AM

**To:** Black, Monica; Duncan, Kim (Billing Services); Hasselstrom, Jordan; Hickey, Leslie; Johnson, Sheryl L; Lader, Gabriel; Spivey, Rebecca; Selbitschka, Elizabeth; Siegfried, Theresa; Williams, Terri; Barnes, Bianca; Barnes, Matthew; Hirter, Barbara; Johnson, Victoria; Sohn, Kristine; Uskokovic, Barbara; Ankrom, Lesley; Chmielecki, Christina; Davies, LaVerne

Subject: Policy Clarification: Sleeping at workstations

7/23/12

It has long been my opinion that sleeping at workstations in the Billing Services Dept is inappropriate.

Effective today it becomes formal policy that employees are not to sleep at their workstations while on the clock, during breaks, or at any other time during the day. Our third floor space houses many high level UHPS executives and is also frequently visited by executives from the health system as well as new and established physicians. If sleeping is a required part of anyone's day it must be done in some other location: the cafeteria, the 2<sup>nd</sup> floor break room, or in your vehicle. Violation of this policy will be subject to progressive corrective action. If there is anything unclear about this feel free to direct your questions directly to me. Thanks.

Steve Riddle
Director of Billing Services
University Hospitals Physician Services
(216) 383-6480
(216) 383-6745 Fax

Cheryl Forino Wahl

Mail Slop #MSC 9105 P 216/767-8223 F 216/201-5115

Vice President - Chief Compliance Officer University Hospitals Management Services Center

3605 Warrensville Center Road Shaker Heights, OH 44122



July 23, 2012

### VIA HAND DELIVERY

Ms. Victoria Johnson 3646 Lynnfield Road Shaker Heights, Oh 44122

Dear Ms. Johnson:

I am writing to follow up on the issues you raised regarding how to complete the CMS 855i Form. Carole Meisler, UHPS Compliance Officer, investigated these concerns and shared her findings with you. Ms. Meisler found that the Departmental practices are appropriate.

Ms. Meisler contacted Cigna Governmental Services (CGS), and CGS confirmed that University Hospitals Physicians Services' use of its own telephone number and address as contact information, on Form CMS 855i, Section 2B, is both allowable and correct. Further, Ms. Meisler has notified the Department's management that this UHPS process is correct and can continue.

Thank you for seeking clarification from the UH Compliance Department regarding your concerns.

Sincerely,

Cheryl Wahl

CFW/jmf

ALL-STATE LEGAL.

From: Johnson, Sheryl L

Sent: Thursday, July 26, 2012 2:38 PM

To: Morrison, Christina

Subject: FW: Sick - Victoria Johnson - Attorney Client Privilege

Sheryl Johnson
Provider Services Manager
UHPS
24701 Euclid Avenue
Euclid, OH 44117
PH: 216-692-1144
FX: 216-383-6745

From: bronxvikki@aol.com [mailto:bronxvikki@aol.com]

Sent: Thursday, July 26, 2012 2:36 PM

To: Johnson, Sheryl L Subject: Fwd: Sick

My physician and I discussed my needing to go on medical leave. I dropped off FMLA paperwork today at my doctor's office, please initiate processing of FMLA paperwork.

Also let Christina Morrison know she can send paperwork for EAP appointment via certified mail.

7/26/2012



Page 2 of 2

Thanks.

Sent from my HTC smartphone on the Now Network from Sprint!

---- Forwarded message -----

From: "bronxvikki@aol.com" <bronxvikki@aol.com>

To: <Sheryl.Johnson@UHhospitals.org>

Subject: Sick

Date: Thu, Jul 26, 2012 1:32 pm

Sheryl,

I am no feeling well and will not be in the rest of the day nor tomorrow or Friday.

Sent from my HTC smartphone on the Now Network from Sprint!

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 134 of 155. PageID #: 1810

3. 2012 PERFORMANCE REVIEW

Page 1 of 2

From: Morrison, Christina < Christina. Morrison@UHhospitals.org>

To: bronxvikki <bronxvikki@aol.com>

Cc: Riddle, Steve <Steve.Riddle@UHhospitals.org>

~ bject: RE: 2012 PERFORMANCE REVIEW

Date: Mon, Jul 30, 2012 8:25 am

And just to clarify, the evaluation is for 2011, not 2012.

Tina Morrison

Sr. Generalist, Human Resources

University Hospitals Physician Services

24701 Euclid Avenue

Euclid, Ohio 44117

Office 216-383-6759

Cell 440-474-3233

Fax 216-201-4544

Inistina Morrison@UHhospitals.org



From: bronxvikki@aol.com [mailto:bronxvikki@aol.com]

Sent: Friday, July 27, 2012 6:26 PM

To: Morrison, Christina Cc: Johnson, Victoria

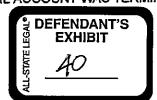
Subject: 2012 PERFORMANCE REVIEW

CHRISTINA.

I UNDERESTAND YOU COMPLIED TO MY REQUEST FOR A COPY OF MY 2012 PERFORMANCE REVIEW THAT I NEVER RECEIVED AND THE TWO CORRECTIVE ACTIONS THAT WAS PRESENTED TO ME AFTER MY REVIEW,

WHEN I SPOKE TO YOU THURSDAY, JULY 26, 2012, YOU STATED THAT YOU SENT THE REVIEW TO MY EMAIL ACCOUNT AT UH, AND YOU DID NOT SENT COPIES OF THE 2 CORRECTIVE ACTIONS.

\_\_,VAS TRYING TO RETRIEVE MY PERFORMANCE REVIEW THAT WAS SENT FROM YOU THURSDAY AND WAS TOLD BY THE UH HELP DESK THAT ACCESS TO MY EMAIL ACCOUNT WAS TERMINATED AS OF JULY 26, 2012.



Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 135 of 155. PageID #: 1811

Page 2 of 2

GAN YOU FORWARD MY PERFORMANCE REVIEW TO ME AT BRONXVIKKI@AOL.COM, AND EXPLAIN TO ME AGAIN WHY I CANNOT GET A COPY OF THE CORRECTIVE ACTIONS.

ANK YOU

### VICTORIA JOHNSON

Visit us at www.UHhospitals.org.

The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee only. University Hospitals and its affiliates disclaim any responsibility for unauthorized disclosure of this information to anyone other than the addressee.

Federal and Ohio law protect patient medical information, including psychiatric\_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug\_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS (OCR)

Form Approved: OMB No. 0990-0269. SecOMBStatementorReverse.



Volum	HEALTH INFOR	RMATION PRIVACY	OMPLAINT A COCK
YOUR FIRST NAME VICTORIA		YOUR LAST NAM	COMPLAINT
		JOHNSON	
HOME PHONE (Please include (216) 767-0076	area code)	The state of the s	ease include area code)
STREET ADDRESS		(216) 780-1009	edse include area code)
3646 LYNNFIELD ROAL		(= 10) 100-1003	ISITY
STATE			SHAKER HEIGHTS
OHIO	ZIP.	E-MAIL ADDRESS (If a	Najiaha
Araza	44122	BRONXVIKKI@A	
Are you filing this complain	nt for someone else?	7./-	
FIRST NAME	If Yes, whose health info	Tres No Ormation privacy rights do you beli LAST NAME	ieve were violated?
Who (or what agency or orginformation privacy rights of PERSON / AGENCY / ORGANIZA	ganization, e.g., provider, r committed another vio ATION	, health plan) do you believe vic lation of the Privacy Rule?	elated your (or someone else's) health
STREET ADDRESS	NAGER - UNIVERSITY	HOSPITALS MEDICAL GROU	JP, INC.
24701 EUCLID AVENUE		The state of the s	CITY
STATE		Í	EUCLID
OHIO	ZIP	PHONE (Please include a	
Vhen do you beller of	44117	216-692-1144 mation privacy rights occurred?	
BECAUSE I WAS NOT FE WHEN I ARRIVED IN THE O WAS O.K., AND THEN PRO THAT I AM NOT HAVING S LATER SENT HER AN EM AKING MEDICATIONS.	ED MY MANAGER SHI ELING WELL AFTER T OFFICE, SHE CAME TO OCEED TO TELL ME, N IDE EFFECTS IN THE AIL TELLING HER I DO	ERYL JOHNSON AND TOLD AKING PRESCRIBED AND NO O MY CUBICLE AND SAID OF MAYBE MY DOCTOR COULD PRESENCE OF OTHER EMP ONT WISH EVERYONE AND	ANYONE TO KNOW THAT LAM
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	10-16-1104		DATE Parkers
plant. Information submitted comes or other identifying informations for internal systems associated with health internal coerce, discriminate or recovery.	on this form is treated contion about individuels are the means operations, or for rountionmation privacy compilibaliste against you for filling	invite to determine if we have justified and is protected under disclosed when it is necessary for time uses, which include disclosurance and as permitted by law. It is necessary to this one learning the same l	e. OCR may be unable to proceed with your ant to the Health Insurance Portability and inscipction and, if so, how we will process your are the provisions of the Privacy Act of 1974, or investigation of possible health information are of information outside the Department for it is illegal for a covered entity to intimidate, other action to enforce your rights under the sit a complaint electronically with the same privacyhowtofile.html. To mail a complaint

**DEFENDANT'S EXHIBIT** 

PSC Graphics (301) 443-1990 EF





- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

# After reading the above information, please check ONLY ONE of the following boxes:

CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.	
CONSENT DENIED: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.	
Signature:	<del>2</del> 0/->
*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your significance (Please type or print):	gnature.
Address: 3646 Lynn FIED AVENTE	**************************************
Telephone Number: (200) 282 1009	

Do vou peed english	aining Information on this form questions will not affect OCR's dations for OCR to communications	decision to proce	re to answer these voluntary
Braille	dations for OCR to communicat	te with you about	ess your complaint. this complaint? (Check all that apply)
Large Prin	Cassette tape	Computer diskette	
Sign language interpreter (specify	language):		TDD =: rectionic mail
Foreign language interpreter (spec	ify language):		
If we cannot reach you directly,	Is there		Other:
FIRST NAME	ia triere someone we can conta	act to help us read	ch you?
WARREN		LAST NAME	
HOME PHONE (Please include area co	nda)	JOHNSON	
, , , , , , , , , , , , , , , , , , , ,	,	WORK PHONE (P	lease Include area code)
STREET ADDRESS		216-712-8357	
3569 NORMANDY ROAD			CITY
STATE	ZIP		SHAKER HEIGHTS
OHIO	14400	-MAIL ADDRESS (If I	Evallable)
lave you filed your complaint		CHEROKEEOHNY	@ATT.NET
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Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden information Resources Management, 200 independence Ave. S.W., Room 531H, Washington, D.C. 20201.

## HIPPA\_COMPLAINT[1].txt

ON JUNE 13, 2012, I CALLED MY MANAGER SHERYL JOHNSON AND TOLD HER THAT I WOULD BE LATE BECAUSE I WAS NOT FEELING WELL AFTER TAKING PRESCRIBED AND NON PRESCRIBED MEDICATIONS.

WHEN I ARRIVED IN THE OFFICE, SHE CAME TO MY CUBICLE AND SAID OH YOU'RE HERE, NOT ASKING ME IF I WAS OK, THEN PROCEEDED TO TELL ME THAT MAYBE MY DOCTOR COULD DECREASE EMPLOYEES.

I LATER SENT HER AN EMAIL TELLING HER I DON'T WISH EVERYONE AND ANYONE TO KNOW THAT I AM TAKING MEDICATIONS.

HER RESPONSE WAS: (SEE ATTACHED EMAIL ALSO)

Victoria - I did not realize that my asking you if your were doing ok and if maybe the doctor could decrease your medication so that you were not having the effects that you are having was to be had in a private setting. I don't even know what you are taking, but from what you are saying, your system may not be adjusting. My apologies it I was out of line.

I HAVE BEEN STRESSED AND QUITE EMBARRASED SINCE THIS HAS HAPPEN. I CAN NOT BELIEVE THAT A MANAGER WHO ALSO HAS A NURSING DEGREE AND WHO ALSO WORKS FOR UNIVERSITY HUMAN SERVICES HIPPA PRIVACY RULE. SHE CLEARLY VOILATED MY HEALTH INFORMATION PRIVACY.

PLEASE INVESTIGATE.

arrament program with a ....

CHARGE OF DIS		AGENCY CHARGE NUMBER			GE NUMBER				
This form is affected by the Privacy Act of 197 completing this form.		FEPA EEO							
Ohio Civil Rights Commission and EEOC									
State or local Agency, if any									
NAME/Indicate Mr., Ms., Mrs.)	HOM	HOME TELEPHONE (Include Area Code)							
Victoria Victoria		D CODE		······································	(210)	780-10 <u>0</u> 9	DATE OF BIRTH		
	ry, STATE AND ZI Naker Heights (						DATE OF BIRMS		
3646 Lynnfield Shaker Heights, Ohio 44122  NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)									
NAME		IPLOYEES, MEMBI		TELEPHONE (Include Area Code)					
University Hospitals		Over 50	00		_	216-	844-1000		
STREET ADDRESS CIT	TY, STATE AND ZI	P CODE					COUNTY		
11100 Euclid Avenue Cl	eveland, Ohio 4	14106							
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CAUSE OF DISCRIMINATION BASED ON  RACE COLOR  RETALIATION NA  ORI	отн	DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (AL July 26, 2012 to present  CONTINUING ACTION			LATEST (ALL) present				
I was employed by Respondent as required for individual medical pro that could be covered by Medicar phone number that they could be the provider's employer or billing Sheryl Johnson (Manager of Billing department in violation of Medic superiors at Respondent regarding ordered to have a fitness for duty ordered to see a psychiatrist and since then. I believe that this is in am being discriminated against on amended.	a Provider Enroviders, including e. As part of the reached directly service. My suggestions of the impropriet evaluation. Or undergo a druger retaliation for	ollment Specialing physicians are application play. Medicare rule pervisors at resected me to proport about July y of this praction July 27, 2012 and alcohol scinsisting upon perceived disable.	nd nurses process talles prohes esponder vide the 26, 200 ce, I was 2, I was reening ( complying)	to become the provide the prov	e eligible r is requir ise of the iddle (Dir d phone r refused t an involur er stating ssed). I h licare rule the Amer	to provide ed to provide address of ector of Brumber of o do so antary admit that I was ave been ad describe cans with	services to patients ride an address and or phone number of illing Services) and respondent's billing and confronted my nistrative leave and s unfit for duty and withheld from duty ed above and that I Disabilities Act, as		
I want this charge filed with both the EEO if any, I will advise the agencies if I chang number and I will cooperate fully with their accordance with their procedure.  I declare under penalty of perjury that the Charging Potential Charging Charg	e my address or te m in the processing	local Agency, lephone g of my charge and correct.	I swear or the best o SIGNATUR SUBSCRIE (Day, month	affirm that I I I I I I I I I I I I I I I I I I I	neve read the ge, information of the ge, information of the general control of the general	e above cha tion and beli MSI//L FORE ME TH P. HERRO BLIC ST	IIS DATE ON, ATTY, ATE OF OHIO Expiration Date		

yet fully licensed and must complete a specified number of hours of practice in order to obtain the license — is not acceptable.)

- Revoked/Suspended Licenses: If the applicant had a previously revoked or suspended license reinstated, the applicant must submit a copy of the reinstatement notice with the application.
- Date of Enrollment For suppliers other than ASCs and portable x-rays, the date of enrollment is the date the contractor approved the application. The enrollment date cannot be made retroactive. To illustrate, suppose the supplier met all the requirements needed to enroll in Medicare (other than the submission of a CMS-8551) on January 1. He sends his CMS-8551 to the contractor on May 1, and the contractor approves the application on June 1. The date of enrollment is June 1, not January 1. (Note that the matter of the date of enrollment is separate from the question of the date from which the supplier may bill.)

See section 15.7.5.1, of this chapter for special instructions related to periodic license reviews and certain program integrity matters.

### B. CMS-855A

Documents that can only be obtained after State surveys or accreditation need not be included as part of the application, nor must the data be provided in section 2 of the CMS-855A. The provider must, however, furnish those documents that can be submitted prior to the survey/accreditation.

The contractor need not verify licenses, certifications, and accreditations that were submitted. It shall simply include such documents as part of the enrollment package that is forwarded to the State and/or RO.

Once the contractor receives the approval letter or tie-in notice from the RO, the contractor is encouraged, but not required, to contact the RO, State agency, or provider for the applicable licensing and/certification data and to enter it into PECOS.

15.5.2.2 – Correspondence Address (Rev. 405, Issued: 01-26-12, Effective 02-27-12, Implementation: 02-27-12)

### A. General

The correspondence address must be one where the contractor can directly contact the applicant to resolve any issues once the provider is enrolled in the Medicare program. It cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

The contractor shall call the telephone number listed in this section to verify that the contractor can directly contact the applicant. If an answering service appears and the contractor can identify it as the applicant's personal service, it is not necessary to talk directly to the applicant or an official thereof. The contractor only needs to verify that the applicant can be reached at this number.

### **B.** Contact Person

The contractor should use the contact person listed in section 13 of the CMS-855 for all communications specifically related to the provider's submission of a CMS-855 initial enrollment, change of information request, etc. All other provider enrollment-oriented matters shall be directed to the correspondence address. For instance, assume a provider submits an initial CMS-855 on March 1. The application is approved on April 15. All communications specifically related to the CMS-855 submission between March 1 and April 15 should be sent to the contact person (or, if section 13 is blank, to an authorized/delegated official or the individual practitioner). After April 15, all provider enrollment-oriented correspondence shall go to the correspondence address. Now assume that the provider submits a change of information request on August 1, which the contractor approves on August 30. All communications specifically related to the change request should go to the designated contact person between August 1 and August 30.

Notwithstanding the above, all approval/denial letters should be sent to the contact person. However, the contractor retains the discretion to send the letter to another address listed on the CMS-855 if dictated by circumstances.

### In short:

- The CMS strongly recommends that all communications (e.g., requests for additional information) specifically related to the submission of a CMS-855 (or CMS-588) application be addressed to the contact person in Section 13. However, the contractor retains the discretion to use the correspondence address if circumstances so warrant.
- All provider enrollment-oriented communications/correspondence not specifically related to a CMS-855 (or CMS-588) transaction shall be sent to the correspondence address. The contractor has the discretion to determine whether a particular communication is "specifically related" to a CMS-855 submission or whether a particular communication is "provider enrollmentoriented."

For purposes of this section 15.2.2(B), the term "approved" includes "recommended for approval."

15.5.2.3 — Accreditation (Rev. 405, Issued: 01-26-12, Effective 02-27-12, Implementation: 02-27-12)

Case: 1:13-cv-02012-DCN Doc #: 36-1 Filed: 07/18/14 143 of 155. PageID #: 1819 1:18a Victoria Johnson 2167670076 p.1

Jan 11 13 11:18a

CMS-855I (07/11)

Victoria Johnson

a	Hall	Applica	test		
SECTION 2: IDENTIFYING IN	FORMATION				
A. Personal Information: Your n	ame, date of birt	h, and social secu	rity numbe	er must co	incide with the
information on your social security	record.				Jr., Sr., M.D., D.O., etc.
First Name	Middle initial	Last Name			) 15.'' 21.'' IAI'D'' D'O'' esc.
,					
Other Name, First	Middle Initial	Last Name			Jr., Sr., M.D., D.O., etc,
Type of Other Name					
☐ Former or Maiden Name ☐ Pro	fessional Name	☐ Other (Describe	e):		
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Gender		Social Security N	(IIII)		
☐ Male ☐ Female				T BEAN	- L ('Enpelierble)
Medical or other Professional School ( Institution, if non-MD)	Training _	Year of Graduat	ion <i>(yyyy)</i>	DEA NO	mber (if applicable)
License Information ☐ License Not Applicable					
License Number		State Where Issu	ed		
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New Patient Status Informatio Do you accept new Medicare pati		] No			ALL-STA
B. Correspondence Address Provide contact information for to provided below will be used by to address cannot be a billing agence of the Mailing Address Line 1 (Street Name and SHO)	he person shown he fee-for-service y's address.	in Section 2A a secontractor if it	bove. Onc needs to c	e enrollectontact yo	d, the information on directly. This
Mailing Address Line 2 (Suite, Room, e		101100	~2		2
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City/Town	-		State	a 🗮	ZIP Code + 4
EURLID			OH	<i>D</i>	144117
Telephone Number	Fax Number (If	applicable) ルルイカクス	E-mail Ad	dress (if ar	A. TOMOSOI
20383.669	( CO) ( CO)	1000	100	-NT-1016-	VJ000189



July 26, 2012

Victoria Johnson 3646 Lynnfield Road Shaker Heights, Ohio 44122

Sent via Courier, Certified and Regular US Mail

Dear Victoria,

As a follow up to our Fit for Duty meeting at 10:3 you have been placed on an unpaid Administrative Leave University Hospita Case Medical Center

Karen M. Farley CNP. MSN Nurse Practitioner Corporate Health

Case Medical Center

Employee Assistance Program

11100 Euclid Avenue Mail Stop 6036B Cleveland, OH 44106

Email Kathy.Springer@UHhospitals.org

Fax 216 983 3038

Kathy Fussell Springer, LISW-S, LICDC Employee Assistance Counselor

216 286 9985 Pager 216 464 8410 (38332)

Among the nation's leading academic medical centers, University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine.

Medical Center Company Service Bldg 2220 Circle Dr 4th Floor, MCCO-6029 Cleveland, OH 44106

216 844 4833 Phone 216 844 3990

Karén, Farley@UHInospitals.org

University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine.

As you have been made aware during our meeting be University Hospitals Employee Assistance Policy HR 85, you have 24 hours to come with the mandatory Fit for Duty referral

We have rescheduled your Fit for Duty appointment Jill Fulton, LISW-S, LICDC, Employee Assistance Manager. Your appointment is amorrow, Friday, July 27th at 10:00 am at the following location (see also enclosed decreases which includes map):

MCCO Building, 6th floor 11100 Euclid Avenue Cleveland, Ohio 44106

Please be advised, failure to comply anctor allered your Fit for Duty appointment tomorrow may result in termination of employment under UH Corrective Action Policy HR 72.

Should you have questions or concerns about this information, please contact me directly at 216-383-6759. You may also contact Angelique Sunagel, HR Director, at 216-383-6777.

Sincerely,

Christina Morrison

Sr. Generalist Human Resources

**UHPS** 

24701 Euclid Avenue Euclid, Oh 44117

Cc: Angelique Sunagel, Director Human Resources UHPS Marcie Manson, Legal Counsel

VJ000238

Re: contact needed

› From: bronxvikki <bronxvikki@aol.com>

To: Springer, Kathy < Kathy. Springer@UHhospitals.org>

Subject: Re: contact needed

- Date: Sat, Aug 11, 2012 4:14 pm

Hi Kathy,

Just received your email, again I am requesting a copy of results of consultation with Dr. Pallas. I have requested this twice verbally and have sent a previous email. You said you would check with your manager to see it is possible to give it to me.

I would also like a copy of the test results from the breathalyzer, drug screening and psych evaluation.

My doctor has indicated a return to work date as September 4, 2012.

I prefer to communicate via email due to conflicting information received from you and Dr. Pallas.

Thanks.

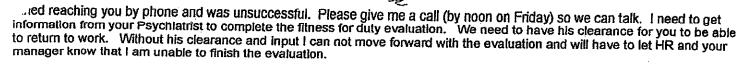
Please respond via email

Sent from my HTC smartphone on the Now Network from Sprint!

----- Reply message ----From: "Springer, Kathy " <Kathy.Springer@UFthospitels.or. >
To: <br/>

Subject: contact needed Date: Thu, Aug 9, 2012 1:44 pm

Vikki,



Thanks,

# Kathy Fussell Springer, LISW-S, LICDC

Employee Assistance Counselor

University Hopitals Case Medical Center

11100 EuclidAvenue

Mail Stop: 685B

Cleveland, Cio 44106

5-286-995 phone

\$5-3038 fax pager 216-464-8410 (38332)

aby.springera.UHhosonals.or;

<u> itals.orc.</u>

Page 1 of 2

The Top of

Re: confact needed Page 2 of 2

The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee only. University Hospitals and its affiliates disclaim any responsibility for unauthorized disclosure of this information to anyone other than the addressee.

leral and Ohio law protect patient medical information, including psychiatric\_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug\_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

### Johnson, Victoria

From:

Morrison, Christina

Sent:

Tuesday, July 24, 2012 10:18 AM

To:

Meisler, Carole; Johnson, Victoria

Cc:

Riddle, Steve; Johnson, Sheryl L

Subject: RE: Shamekia is calling in 15 minutes

Thank you Carole.

Tina Morrison

Sr. Generalist, Human Resources

University Hospitals Physician Services

24701 Euclid Avenue

Euclid, Ohio 44117

Office 216-383-6759

Cell 440-474-3233

Fax 216-201-4544

Christina.Morrison@UHhospitals.org

X

From: Meisler, Carole

Sent: Tuesday, July 24, 2012 10:14 AM

To: Johnson, Victoria

Cc: Riddle, Steve; Morrison, Christina; Johnson, Sheryl L

Subject: Shamekia is calling in 15 minutes

Importance: High

Hello Victoria-

I spoke to Shamekia' supervisor.

The CGS supervisor directed the following to done in order to prevent delay that is occurring in this process- both for UHSP and CGS.

Sharnekia will be calling you in 15 minutes. She will ask you if the provider can be reached at the telephone number on the application. Answer of the provider will not pick up the telephone but as part of your job description, you get any message to him/her, that you will contact the provider for CGS as part of you job.

Carole Meisler

Local Compliance Officer University Hospitals Physician Services 24701 Euclid Avenue Euclid, OH 44117

Office: 216.692.1971 FAX: 216.383.6738

carole.meisler@uhhospitals.org

### Johnson, Victoria

From:

Johnson, Sheryl L

Sent:

Tuesday, May 29, 2012 3:39 PM

To:

Barnes, Bianca; Sohn, Kristine; Johnson, Victoria; Hirter, Barbara

Subject:

Lunch

importance: High

All – please note that when requesting that you have worked through lunch that if you leave the building to go out and get lunch to bring back to your desk, that is not considered working through lunch. Please do not ask me to approve "no lunch" if that is the case.

Thanks, Sheryl

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144 FX: 216-383-6745

She sow me return from Mc Donald 
I went on my break to pice up my

Junch - Include minates to mo Donald and back

There a grenp in billing perview that

walks on their break which is longer than

15 minutes.

### Johnson, Victoria

₽rom:

Sohn, Kristine

3ent:

Thursday, March 15, 2012 9:52 AM

To: Cc:

Johnson, Victoria

Day, Cynthia (Santiago)

Subject:

Packet Request for Dr. Pankaj Gupta -Ophthalmology

Attachments:

[Untitled].pdf; [Untitled].pdf





[Untitled].pdf (1 MB)

[Untitled].pdf (2 MB)

Hi Victoria,

Please pre-fill applications with the attached information on Dr.Gupta, who is joining ophthalmology in August. I will get the carve out applications for you. Cynthia would like this packet sometime next week.

Thank you, Kristine Sohn Senior Provider Enrollment Specialist University Hospital Medical Group 24701 Euclid Avenue 3rd Floor, Mailstop-NET 6099 Euclid, Oh 44117 Phone (216) 383-6616 Fax (216) 201-4261

----Original Message----From: Day, Cynthia (Santiago)

Sent: Wednesday, March 14, 2012 8:40 AM

To: Sohn, Kristine

Subject: FW: Dr. Pankaj Gupta -UHMG On-boarding

Please have a completed packet ready some time next week. This one is a start of 8/1/12and I am not that much in a hurry to send this one out. I would prefer to get another physicians packet out who is starting 7/1/12.

Thank you.

Cynthia Day University Hospitals Medical Group UHMG Physician Services Dept. 24701 Euclid Ave., 3rd Floor Euclid, OH 44117 MS: NET6099 Phone: 216-383-6545 Fax: 216-201-5181

----Original Message----From: Day, Cynthia (Santiago)

Sent: Wednesday, March 14, 2012 8:34 AM

To: Hovancsek, Gina

Sc: Colie, Betsy; Sohn, Kristine; Sudano, Pamela Subject: FW: Dr. Pankaj Gupta - UHMG On-boarding

Please see the attached pre-app and CV for Dr. Gupta.

Page 1 of 3

### Johnson, Victoria

From:

Johnson, Victoria

Sent:

Tuesday, July 17, 2012 8:57 AM

To:

Morrison, Christina

Subject: RE: Medicare Applications Okay, will see you when you get in.

Victoria D. Johnson

ou when you get in.

Tind Came to my desk Thisday, dog
asked me is I was on my brack yes
Tohnson was o. k., She knows I am in University Hospitals Medical Group, Inc.

Provider Enrollment Specialist

24701 Euclid Avenue Euclid, Ohio 44117

Mailstop:NET6099

216-383-6614 Desk

216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Morrison, Christina

Sent: Tuesday, July 17, 2012 8:16 AM

To: Johnson, Victoria

Subject: RE: Medicare Applications

I was off site at meetings all day yesterday so I just read this. Stop by-have you applied for FMLA to assist you? Also, have you found any roles that may be less stressful for you to apply for?

### Tina Morrison

Sr. Generalist, Human Resources University Hospitals Physician Services 24701 Euclid Avenue Euclid, Ohio 44117 Office 216-383-6759 Cell 440-474-3233 Fax 216-201-4544

Christina Morrison @UHhospitals.org

×

From: Johnson, Victoria

Sent: Tuesday, July 17, 2012 8:01 AM

To: Morrison, Christina

Subject: FW: Medicare Applications

Just wanted to make sure you received this email, I will stop by later.

Victoria D. Johnson

University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax Email address: victoria.johnson@UHhospitals.org

From: Johnson, Victoria

Sent: Monday, July 16, 2012 2:37 PM

To: Riddle, Steve Cc: Morrison, Christina

Subject: FW: Medicare Applications

Steve.

Sorry I miss the meeting today, not sure if this issue was resolved today, however this has been an issue that has been brought up at our weekly meetings. While we in these department have been telling CGS that the doctors can be reached at this number although they cannot, and in which I have had reservations about lying since we incorporated this practice, I will not be participating in this unethical practice any longer for moral reasons. This has situation has impose additional stress and in turn affects my performance as it has made me feel that if I don't participate my job is at risk.

Additionally, I had conversations with my family this past weekend about my taking a prescribed medication (stress and antidepressants) in order to deal with the stress that I have endured in this department and they wish me to stop taking the medication as I as always been a healthy person and they are afraid of the side effects and long term use of the medication.

Victoria D. Johnson University Hospitals Medical Group, Inc. Provider Enrollment Specialist 24701 Euclid Avenue Euclid, Ohio 44117 Mailstop:NET6099 216-383-6614 Desk 216-201-4288 Rightfax

Email address: victoria.johnson@UHhospitals.org

From: Riddle, Steve

Sent: Friday, June 29, 2012 12:14 PM

To: Hasselstrom, Jordan; Johnson, Sheryi L; Barnes, Bianca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Subject: RE: Medicare Applications

Lets make sure everyone who answers the phone...specifically for the MP billing services line that they recognize the area code(s) and answer the phone such that it is not determined that we are a billing company

### Steve Riddle

Page 3 of 3

Director of Billing Services University Hospitals Physician Services (216) 383-6480 (216) 383-6745 Fax

From: Hasselstrom, Jordan

Sent: Friday, June 29, 2012 10:35 AM

To: Johnson, Sheryl L; Barnes, Bianca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Cc: Riddle, Steve

Subject: RE: Medicare Applications

Yes and yesterday they called to verify spoke to Monica- confirmed everything then denied the app and said we were a billing company ® We both sent her a nice detailed email telling her we were not and haven't heard a thing.

From: Johnson, Sheryl L

Sent: Friday, June 29, 2012 10:21 AM

To: Barnes, Bianca; Hirter, Barbara; Sohn, Kristine; Johnson, Victoria

Cc: Hasselstrom, Jordan; Riddle, Steve

Subject: Medicare Applications

Importance: High

Good Morning – I just wanted to send this reminder to let everyone know that CGS is **extremely critical** of the applications that are submitted. Bianca had 2 applications returned because the imprinted date in the bottom left hand corner on several of the pages were cut off when they were copied on the printer. I think this is completely ridiculous but this is CGS.

Please review your applications closely when submitting them. Who would have guessed that they would return an application because a date was cut off!

Sheryl Johnson Provider Services Manager UHPS 24701 Euclid Avenue Euclid, OH 44117 PH: 216-692-1144

FX: 216-383-6745

You will be meeting with Dr. James Pallas

Location:

23425 Commerce Park

Suite 104

Beachwood, Ohio 44122

(Chagrin and Green 2 lights east of Green on Chagrin 1 light south of Chagrin on Green)

Phone:

216-831-2900

Date:

Wod August 1, 2012

Time:

1:00 PM

July 31,202

3:00pm

The evaluation will take about 3 hours. You will be completing a test and also be seen for a face to face interview. Plan to arrive about 15 minutes early to sign in.

October 5, 2012

Christina Morrison
University Hospitals Physician Services
Sr. Generalist Human Resources
24701 Euclid Avenue
Euclid, Ohio 44117

Christina,

Today I received your letter dated October 1, 2012.

I was placed on Unpaid Administrative Leave effective August 10, 2012 and was told by you that I would be contacted by you once a return to work status has been determined. Please see attached letter dated August 14, 2012. I understood this to supersede my prior FMLA request.

I will return to work on Monday, October 8, 2012, as directed. However, I am concerned about several things. First, I have contacted Medicare with respect to my supervisors' continued insistence that I use the Billing Center address and phone number on provider applications, even though I have been told in writing by CGS that this is improper. I believe that I am being told by to lie and I will not do so.

Also, because I was placed on unpaid administrative leave after refusing to lie and made to undergo a psychiatric evaluation through employer assistance and to take a drug and alcohol test, I filed a complaint against UH with the EEOC alleging disability discrimination. My attorney faxed copies of the EEOC complaint to my supervisors and to UH Human Resources yesterday. I think that UH has tried to portray me as mentally unstable because I won't lie on the provider applications.

Immediately upon my returning to work, I expect the following:

- 1) To work in a non hostile work environment.
- 2) Need copy off drug and alcohol screening, psychiatric report from Dr. Pallas.
- 3) Not to be asked to complete Medicare, Medicaid, Out of State Medicaid and/or any other Provider Enrollment applications that are prohibited or in violation of their rules.
- 4) Would like see a company wide distributed email informing employees that they are no longer permitted to rest at their desks during their breaks.

**EXHIBIT** 

- 5) Would like to have confirmed and/or reports that Paul Simmons has been also place on Unpaid Administrative Leave subject to a mandatory pychiatric evaluation as I have reported to HR his offensive sexual behavior back in February 2012.
- 6) I don't want to be subjected to retaliatory Corrective Actions, be it formal or informal. I have yet to receive a copy of the Corrective Actions that were presented to me during my 2011 performance evaluation that were clearly retaliatory because of my complaint to HR regarding Paul Simmons' offensive sexual behavior. Although he has agreed to move to the other side of the building, I am not totally comfortable with his presence in the building.

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Thank you,

Victoria Johnson